Summary of Waste Streams	Container Type Description
Scrap Cardboard	15 yd. box
Scrap Wood	15 yd. box
Flyash	30 yd. box
Metallic Powder 2 boxes shipped	15 yd. box
Concrete & dirt	20 yd. box
Boxes & Bands	20 yd. box
Hydromation paper, metallic turnings, tires 1box shipped	15 yd. box
Hydrpmation filter paper & metallic powder 1 box	15 yd. box
Asbestos 1 bag	bag
Boxes, bands, tires 1 box	30 yd. box
Hydromation paper- a filter paper used on coolant systems to r	emove metallic turnings





☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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COMPANY NAME DELCO MORAIN			STATE I.D. N	10
ADDRESS 1920 WISCONS			PURCHASE	ORDER
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This is to certify that the above named n	aterials are properly cla	ssified, describe	d, packaged, marked a	nd labeled, and are in proper condition for PA. Keep gold copy for your records.
transportation according to the applica	ole regulations of the Di	epartment of Tr	ansportation and the E	PA. Keep gold copy for your records.
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your records. A	ppropriate placards were offered.
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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GENERATOR COMPANY NAME DELCO MORAIN	HIPPED GMQ				E NO (200 42 × 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS L 20 WISCONS					IDER
CITYDAYTON	STATE	оню	-45401 ²	ZIP	PHONE
This is to certify that the above named m OHD 06092856 transportation according to the applica	naterials are properly clà	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition for
transportation according to the application	ble regulations of the D	epartment of Tr	ansportation a	and the EPA	. Keep gold copy for your records.
Signature	Print l	Name	· (> -) · (100	Phone 2-7 (20)
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COMPANY		<u> </u>	STA	TE I.D. COI	DE
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the abo					
Signature	Print I	Name	·		Date Received
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ADDRESS	/		JOE	3 NO	2.1015
This is to be considered.	STATE			۱۲	PHONE
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon rečeipt	of signed copy of this manifest.
Signature	Print I	Name			Date



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COMPANY NAME 44 LCO MORAINE					
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This is to certify that the above named m transportation according to 6928561					
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TRANSPORTER COMPANY					
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ADDRESS	·	·	JO	B NO	PHONE
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CITY	STATE	0410		ZIP	PHONE
This is to certify completion of treatment	, storage, reclamation,	or disposal in co	mpliance wi	th appropriate	regulations. Keep canary copy
ADDRESS CITY This is to certify completion of treatment your records. Forward white copy to Signature	, storage, reclamation, generator. Processing	or disposal in co of your invoice	mpliance wi will begin u	th appropriate ipon receipt	regulations. Keep canary copy



□ HAZARDOUS ₱ NON-HAZARDOUS ₱ WASTE □ RECLAIMABLE MATL. NO. \$\text{P13682}\$

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This is to certify that the above n	amed mate	rials are properly clá	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for
						Keep gold copy for your records.
Signature	<u> Langer - 1</u>	Print N	Name -	REAL	204	Phone <u>\$276391</u>
TRANSPORTER			EP.	A IDENTIFIC	ATION NO.	
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ADDRESS			· ·	JOI	3 I.D. NO	
CITY		STATE			ZIP	PHONE
This is to certify acceptance of t	he above m	naterials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature		Print N	Name			Date Received
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COMPANY	11/19	W 217 VE	FILL	STA	ATE I.D. NO.	
ADDRESS				JOI	3 NO	PHONE
This is to certify completion of tre	eatment, st	orage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
						of signed copy of this manifest.
Signature		Print N	lame	·	- 	Date



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GENERATOR DELCO MORAIN	HIPPED				ENO 214306092856	
COMPANT NAME					DER	
ADDRESS 1420 WISCONS CITY DAYTON	STATE	טאוט	45401	ZIP	PHONE	
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for	
This is to certify that the above named m OHD 06092856 transportation according to the applical		epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.	
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COMPANY _ 5 . JA/10.	N ZANSFIIC					
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					ENO. (21/0/0/0/28/61
COMPANY NAME _DELCO MORAIN	IE DIV. CMC		ST/	ATE I.D. NO.	
ADDRESS1420 WISCONS	IN BLVD.		PUI	RCHASE OR	DER
ADDRESS 1.120 WISCONS CITY DAYTON This is to certify that the above named m	SIAIE	OHIO describe	45401	ZIP marked and	labeled and are in proper condition to
transportation according to the apprecia	tale rais are properly cla-	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records
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TRANSPORTER COMPANY				- · · · · · · · · · · · · · · · · · · ·	
ADDRESS					
CITY					
This is to certify acceptance of the abo					
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY 1. Tray Top	1.9 m 5000	L1 .	STA	ATE ID NO	
ADDRESS			101	2 1/2	•
ADDRESS	STATE	71/10		ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation.				
your records. Forward white copy to	=	•			_
Signature	Print N	Name	·		Date
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GENERATOR DATE S				ATION COD	ENO. L'I OFORE [56]
COMPANY NAME DELCO MORAIN					LINO. RELIEF
ADDRESS1120 WISCONS					
CITYDAYTON					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation accorded to ១៤០១៩៨ភូមិ					
Signature	Print I	Name	· (F 14		Phone Phone
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COMPANY NAMEDELCO_MORA	INE DIV. GMC		STA	TE I.D. NO.			
ADDRESS - 1.420 WISCON	ISIN BLVD.		PUR	CHASE OR	DER		<u>;</u>
ADDRESS 1420 WISCOM CITY DAYTON This is to certify that the above named	STATE	OHIO	<u>45401</u> 2	IP	PHON	1E	
This is to certify that the above named	materials are properly cla	ssmed, describe	ed, packaged, r	narked and	labeled, and are	in proper	r condition for
transportation according to the employ	Print N	epartment of IT	ansportation a	IId life EFA	. Neep gold co	py for yo	1/29/
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COMPANY NAMEDELCO_MORAL			STST	ATE I.D. NO.	DER	
ADDRESS1420 WISCON						
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transportation according to 0609286	in regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for y	our records.
Signature	Print I	Name	4 F,A	CON	Phone 22	7.57.91
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COMPANY	·					
ADDRESS			JO	B I.D. NO		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your	records. App	ropriate placards were o	offered.
Signature	Print !	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	· /	EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY Anitor	LANGE 160					
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This is to certify completion of treatment your records. Forward white copy to						
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COMPANY NAME DELCO MORAL					E NO. 12-7-2-7-3-7-1	
ADDRESS1420 WISCON					DERl	
CITY	CTATE	OHIO.	45401 2	ZIP	PHONE	
This is to certify that the above named n						
transportation according to 10609285	/ - /				Keep gold copy for your records.	
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COMPANY		5.7	STA	TE I.D. COE	DE	
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ADDRESS			JOE	NO.		
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COMPANY NAMEDELCO_MORAIN					
ADDRESS1420 WISCONS			PUF	RCHASE OR	DER
CITYDAYTON	STATE	ÔHIO	4 5401 ⁷	ZIP	PHONE
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition for
transportation accord by the 06092856		·	_		
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This is to certify acceptance of the abo					
Signature	Print N	Name	<u> </u>	<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY	,	EP/	A IDENTIFICA	ATION COD	E NO
COMPANY S. AATTON	BASFILL	, ¹ -			
ADDRESS	·	7771			
CITY		<u>/ </u>			PHONE
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COMPANY NAME DELCO MORAIN ADDRESS 1120 WISCONS						
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ADDRESS			JOB	LD NO		
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. App	ropriate placards were	offered.
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ADDRESS 1420 WISCON	SIN BLVD.		•		DER	
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your records. Forward white copy to				pon receipt	of signed copy of this	manifest.
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COMPANY NAME 20 WISCONS	SIN BLVD.			ATE I.D. NO.	
CITY C. Y.ON	STATE	OHIO	45401 ^U	TUHASE OH	DERPHONE
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transportation according to the applicat	ole regulations of the Do	epartment of Tra	nsportation	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	· 786,9	430N	Phone 2276391
TRANSPORTER DELCO MORAINE			A IDENTIFIC	ATION NO	
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ADDRESS DAYTON			5401 JOE	3 I.D. NO	
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This is to certify action and 6092856flow	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
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This is to certify that the above named n					
transportation according to the applica	<i>f</i>				Keep gold copy for your records.
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COMPANÝ NAME <u>DELCO MORAIN</u> ADDRESS <u>1:20 WISCONS</u>						
CITYDAYTON	STATE		ZIP		PHONE	
This is to certify that the above named n	naterials are properly cla	OHIO ssified, describe	d, packaged, mar	ked and	labeled, and are in proper condition for	
transportation accor@htDcO60928669	die regulations of the D	epartment of Tra	ansportation and	the EPA	Keep gold copy for your records.	
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TRANSPORTER						
COMPANY	CAn	٤	STATE	I.D. CO	DE	
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This is to certify acceptance of the abo			•			
Signature	Print N	Name			Date Received	
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ADDRESS	To-/ -	01111	JOB NO	D		
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GENERATOR DATE S COMPANY NAME DELCO MORA	SHIPPED	EP.	A IDENTIFICA STA	ATION COD	ENO. 014 5 050 928561
ADDRESS 1.120 WISCON	NSIN BLVD.		PUF	CHASE OR	DER
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This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, r	marked and l	labeled, and are in proper condition for
transportation according the the applica	Figure 1 regulations of the D	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	1 , 772	EARZON	Phone <u>2276391</u>
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Signature	Print N	Name		<u> </u>	Date Received
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COMPANY	JAME _		STATE I.D. CO	DE		
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ADDRESSO WISCONSII CITYDAYTON	OTATE	OHIO	45401 ^{PUI}	RCHASE OR	IDER
This is to certify that the above named mate transportation according to the applicable	rials are properly cla regulations of the D	ssified, describe epartment of Tra	d, packaged, ansportation	marked and land land land the EPA	labeled, and are in proper condition f
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TREATMENT/DISPOSAL FACILITY-5	14/01				E NO
COMPANY	11 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_`	ST/	RIE I.D. NO. RINO	
ADDRESS	STATE	01210		ZIP	PHONE
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your records. Forward white copy to ger	nerator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
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ADDRESS 20 WISCONS	IN PLVD		STATE I.I	SE ORDER		
	STATE	21112	ZIP	<u> </u>	PHONE	
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Signature	Print N	Name		[Date Received	
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COMPANY	TON INNE	111	STATE I.I	D. NO		
ADDRESS			JOB NO.			
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COMPANY NAME 1-120 WISCON	ein Bi VD		STA	TE I.D. NO.		
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COMPANY NAME DELCO MORAIN	NE DIV. GMQ		ST/	ATE I.D. NO.	ENO. 0.113 060928561
ADDRESS 1320 WISCONS	IN BLVD.		PUI	RCHASE ORI	DER
CITY	STATE	OHIQ	45401	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according 046932856	ble regulations of the Do	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records.
Signature	Print 1	Name	J 701	E14,2701	Phone 227/391
TRANSPORTER	•				·
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ADDRESS	• •				
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This is to certify acceptance of the about		1	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name		· · ·	Date Received
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ADDRESS	-	A STATE OF THE STA	JOI	B NO	
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This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	
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		ERTIFICATIO			14 160000000
GENERATOR DATE S COMPANY NAME					ENO. 0 43 060928161
ADDRESS ADDRESS					
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transportation according 0992856	he regulations of the De	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print N	Name	1 RE	3230N	Phone - 26.7634/
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPANY	JAME	<u></u>	STA	TE I.D. CO	DE
ADDRESS			JOE	3 I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	•				
Signature	Print N	Name	,		Date Received
TREATMENT/DISPOSAL FACILITY	1				E NO
COMPANY STON	LANG FILL				
ADDRESS	4/				
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GENERATOR DATE	SHIPPED			ATION COD	E NO	45 NO	92876
COMPANY NAME DILCO MORA							
ADDRESS 1:20 WISCON	ISIN BLVD.		PU	RCHASE OF	DER	<u> </u>	
CITYDAYTON	STATE	OHIO	45401	ZIP	PH	ONE	_
This is to certify that the above named	materials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and a	are in proper	condition to
transportation accord AHD P60928						-	
Signature	Print !	Name	1000000	· / - /	Pho	one <u></u>	<u> </u>
TRANSPORTER	F 7		A IDENTIFIC				
COMPANY	<u> </u>		ST/				
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TREATMENT/DISPOSAL FACILITY COMPANY	701 /2000	EP.	A IDENTIFIC				
ADDRESS	7.718		JOI				
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This is to certify completion of treatme		or disposal in co				•	ary copy for
your records. Forward white copy to							
Signature	Print l	Name			Dat	ie	
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COMPANY NAME						
ADDRESS 1.120 WISCONS				RCHASE ORDER		
CITYDAYTON						
This is to certify that the above named m OHD 06092856 transportation according to the applicat	laterials are properly cla 1 Die reculations of the Di	epartment of Tra	ansportation ar	nd the EPA	. Keep gold copy for	vour records.
Signature A	Print N	Name 1	1755	FARE	Phone 27	7-67-1
TRANSPORTER						• .
COMPANY	·				DE	•
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CITY						
This is to certify acceptance of the above						
Signature	Print N	Name	 ·		Date Receive	d
TREATMENT/DISPOSAL FACILITY	1 10.	. /			E NO	
ADDRESS						
CITY				P	PHONE	
This is to certify completion of treatment						
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt		s manifest.
Signature	Print N	lame	<u>. </u>		Date	



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ADDITIONAL INFORMATION:					
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GENERATOR DATE S COMPANY NAME DELCO MORAL	NE DIV. GMC	EP.	OT.	TELD NO	DE NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS 1.120 WISCON	SIN BLVD.		PUF	RCHASE OF	RDER
CITYDAYTON	STATE	OHIO		-''	FIIONL
This is to certify that the above named in transportation according to the applications.	naterials are properly clas	ssified, describe	d, packaged, ansportation a	marked and and the EPA	. Keep gold copy for your records.
Signature	Print N	lame	· KEAR.	oN	Phone 2276391
TRANSPORTER		₂ EP.	A IDENTIFIC	ATION NO.	
COMPANY	JAME_	- ·			DE
ADDRESS	· · · · · · · · · · · · · · · · · · ·				<u> </u>
CITY	STATE				PHONE
This is to certify acceptance of the abo			*		•
Signature	Print N	lame	<u> </u>		Date Received
TREATMENT/DISPOSAL FACILITY	· · · · · · · · · · · · · · · · · · ·	EP.	A IDENTIFICA	ATION COD	DE NO
COMPANY A y 7	al CANO	110			·
ADDRESS	20/	1/1/10	JOE	3 NO	
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This is to certify completion of treatmen your records. Forward white copy to	- · · · · · · · · · · · · · · · · · · ·				
Signature	Print N	•			Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION	
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		RTIFICATIO			-11-000	
					ENO. 041.06092818	_
COMPANY NAME DELCO MORAIN	LE DIV. GMC					
ADDRESS WISCONS	IN BLVD.				DERPHONE	
CITY DAYTON This is to certify that the above named m	SIAIE	OHIOdosoriba				
transportation according to the applicat	le regulations of the D	epartment of Tra	ansportation and t	the EPA	. Keep gold copy for your record	ls.
Signature	/ Deina A	1	. REARI))/	Phone 2276391	•
<u>↓</u> .	Print r					
TRANSPORTER COMPANY	िया ना द					
ADDRESS					JE	
·	STATE				_	
This is to certify acceptance of the above						
	•	• •			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY	N LANGE				E NO.	
ADDRESS						
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This is to certify completion of treatment	, storage, reclamation,		mpliance with app	propriat	e regulations. Keep canary copy t	or
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon	receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	**
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	HIPPED				0/1	0601155-11
GENERATOR DATE SI COMPANY NAME DELCO MORAIN	HIPPED	<u> </u>	A IDENTIFIC	ATION CODI	E NO (2 / 3 - 1	000120 301
ADDRESS IDO WISCONS	SIN BLVD.		PU	RCHASE OR	DFR ·	·
CITYDAYTON	STATE	OHIO	45401	ZIP	PHON	E
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are i	n proper condition for
transportation according to 1960 988 as		epartment of Tra	insportation	and the EPA.		
Signature	Print N	lame	F1420	0.~/	Phone	2-76391
TRANSPORTER	<u> </u>	EP/	A IDENTIFIC	ATION NO		· · · · · · · · · · · · · · · · · · ·
COMPANY		· ··				
ADDRESS						
CITY		. *				
This is to certify acceptance of the above	•	• •				
Signature	Print N	•	-			1
TREATMENT/DISPOSAL FACILITY COMPANY	/ Andri	1.			E NO	
ADDRESS	2 (4702) (<u> </u>		ATE I.D. NO. 3 NO	•	
CITY DAYTO	STATE	0/10			PHON	5 (8) (4)(1)
This is to certify completion of treatment	•	or disposal in co				
your records. Forward white copy to	generator. Processing o	of your invoice				• *
Signature	Print N	lame			Date _	
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	MATER	RIAL DISPOS	SITION	
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OFNEDATOR DATE O				DE NO. O. A. J. USO 92 5561
GENERATOR COMPANY NAME DELCO MORA				JE NO.
			PURCHASE OF	RDER
CITYDAYTON	STATE	0110	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	45401 d, packaged, marked and	labeled, and are in proper condition for
This is to certify that the above named mOHD 0609285 transportation according to the applicat	61 of regulations of the De	epartment of Tra	insportation and the EPA	. Keep gold copy for your records.
Signature	Print N	Name	- E MIRON	Phone 227 6591
TRANSPORTER				
COMPANY	SAME			DE
ADDRESS				<u> </u>
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer		•	
Signature	Print N	Name	· .	Date Received
TREATMENT/DISPOSAL FACILITY			A IDENTIFICATION COL	DE NO
COMPANY	on fonds	FICE	STATE I.D. NO	. <u> </u>
ADDRESS		5//-	JOB NO	
CITY		UNIO		PHONE
This is to certify completion of treatmen				
your records. Forward white copy to			will begin upon receipt	of signed copy of this manifest.
Signature	Print N	lame:		Date



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6.5	SHIPPI	NG INFORM	ATION		
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ADDITIONAL					
INFORMATION:		·			
	CE	RTIFICATIO	N		
GENERATOR DATE S	HIPPED 2	- / T EP	A IDENTIFICA	TION COD	ENO/2/0/06/0928:61
COMPANY NAME DELCO MORAIN			STAT	E I.D. NO.	
ADDRESS i 20 WISCONS					
CITY — DAYTON					
This is to certify that the above named m transportation according 26855					
Signature	Print A	dama .	المجيمة والمحر	1) s [Phone > > 3/3/1
C	Fill V				- FHORE
TRANSPORTER COMPANY	Som E				DE
ADDRESS					
CITY					
This is to certify acceptance of the above					
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP/	IDENTIFICAT	TION COD	E NO
COMPANY 5 1 12	TON LAN	35-116	STAT	E I.D. NO.	
ADDRESS		71/	JOB	NO	
ADDRESS	STATE	01110	-		PHONE
This is to certify completion of treatment		and the second second second			
your records. Forward white copy to					
Signature	Print N	lame	771 H No. 10	1	Date



IMMEDIATE RESPONSE INFORMATION NET WT IN CASE OF EMERGENCY, NOTIFY: TRAILER NO. TRACTO	
IN CASE OF EMERGENCY, NOTIFY: TRAILER NO. TRACTO	
	OR NO.
SHIPPING INFORMATION	
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION	RIPTION
· Val faz 30 ys 5 - RHP W	50Z
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MATERIAL DISPOSITION	
□ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify)	
ADDITIONAL INFORMATION:	
CERTIFICATION	
a resolution	8 1 31
COMPANY NAME STATE I.D. NO	
ADDRESSPURCHASE ORDER	i
CITYDAYTON STATE OHIO 45401 ZIP PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for you	condition for ur records.
Signature Print Name Print Name Phone 22	70371
TRANSPORTER EPA IDENTIFICATION NO	•
COMPANY STATE I.D. CODE STATE I.D. CODE	
ADDRESS JOB I.D. NO	
CITY STATE ZIP PHONE This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were off	
Signature Print Name Date Received	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO	
ADDRESS JOB NO	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep cana	
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this n	
Signature Print Name Date	



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IN CASE OF EMERGENCY, NO	OTIFY:		·	IRAI	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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	<u></u>	ERTIFICATIO)N		
GENERATOR DATES	CHIDDED 7	-/ FP	A IDENTIFIC	ATION COD	ENO
COMPANY NAMEDELCO_MORA!	NE DIV. GMC		ST.	ATE I.D. NO.	·
ADDRESS :20 WISCON	SIN BLVD.		PU	RCHASE OF	DER
ADDRESS	STATE	OHIO ssified, describe	45401 d, packaged,	ZIP marked and	PHONE
transportation according വരി വരിച്ചു വരി	fall regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.
Signature	Print !	Name	1. 18 E.A	Wilord	Phone 233/33/
TRANSPORTER	•	EP.	A IDENTIFIC	ATION NO.	
COMPANY	1400	٢	ST	ATE I.D. COI	DE
ADDRESS			_	. –	<u> </u>
		•			PHONE
This is to certify acceptance of the abo					
Signature	Print 1				
TREATMENT/DISPOSAL FACILITY COMPANY	Tay 12.30	F// EP	A IDENTIFIC	ATION COD	E NO
ADDRESS	1 2N 1100		817	ATE I.D. NO.	
CITY	STATE	171/10		D NU 710	PHONE
This is to certify completion of treatmen	· · · · · · · · · · · · · · · · · · ·	or disposal in co	mpliance wit	th appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	ipon receipt	of signed copy of this manifest.
Signature	Print I	Name		- 	Date



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IN CASE OF EMERGENCY, NO)	. Company		IRAI	LER NO. TRACTOR NO.	
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□ RECLAMATION □ I	NCINERATION	☑ LAN	DFILL	ПОТН	ER (Specify)	
ADDITIONAL						
INFORMATION:						
	CI	ERTIFICATIO)N			
GENERATOR DATE S	HIPPED 2-7	EP.	A IDENTIFICAT	ION COD	DE NO. (25) 189928 531	
COMPANY NAME DELCO MORAIN	NE DIV. GMC		STAT	E I.D. NO.	· ·	
ADDRESS120 WISCONS	SIN BLVD.		PURC	HASE OF	RDER	
CITY — DAYTON	STATE	-OHIO-	-45401 ZII	P	PHONE	
This is to certify that the above named n						
transportation accordid to the applies						
Signature	Print !				Phone 227/33//	
TRANSPORTER	San Anna	EP.	A IDENTIFICAT	ION NO.		
COMPANY						
ADDRESS	CTATE		JOB I	.D. NO	DUONE	
This is to certify acceptance of the abo						
Signature						
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TREATMENT/DISPOSAL FACILITY COMPANY	Epy Ini	EP، مرمرسینه	A IUENTIFICAT RTAT	ION COD	JE NU.	
ADDRESS			JOB I	2 1.D. 140. 10	PHONE	
ADDRESS	STATE	1/1/11)	ZI	P	PHONE	
This is to certify completion of treatmen	it, storage, reclamation,	or disposal in co	mpliance with	appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin upo	on receipt	of signed copy of this manifest.	
Signature	Print 1	Name	·	<u> </u>	Date	
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IN CASE OF EMERGENCY, NOTIFY:				TRAILER NO. TRACTOR NO.				
	SHIPPI	NG INFORM	ATION		· · · · · · · · · · · · · · · · · · ·			
DOT CHIPPING DECORPTION	<u> </u>	Γ						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION			
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	MATE	RIAL DISPOS	SITION					
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ADDITIONAL								
INFORMATION:					<u> </u>			
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	Ci	ERTIFICATIO	N	·	- 18/1 11/0/12/85/1			
GENERATOR DATE SHIPPED COMPANY NAME DELCO MORAINE DIV CMC STATE LD NO								
COMPANY NAME DELCO MORAINE DIV. GMC ST. ADDRESS1120 WISCONSIN BLVD. PU					IRCHASE ORDER			
CITY STATE PHONE								
This is to certify that the above named m	naterials are properly cla	OHIO ssified, describe	45401 d, packaged, r	narked and l	abeled, and are in proper condition fo			
transportation according to the application	le regulations of the D	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your records.			
Signature	Print 1	Name	FF-4922	nw :	Phone 3 27/391			
TRANSPORTER	ANSPORTER EPA IDENTIFICATION NO.							
COMPANY	311 ME	STA	ATE I.D. CODE					
ADDRESS	S JO				B I.D. NO			
CITY	STATE				PHONE			
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.			
Signature	Print 1	Name			Date Received			
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	TION COD	E NO			
COMPANY DAY TO H LAND FILE ST. ADDRESS JO OITY STATE OLID				TE I.D. NO.				
ADDRESS	January			B NO				
CITY	STATE	01410	Z	IP	PHONE			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.								
Signature	Print N	Name		 ·_	Date			



EMERGENCY INFORMATION					SCALE INFORMATION					
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IN CASE OF EMERGENCY, NOTIFY:					TRAILER NO. TRACTOR NO.					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	INER TYPE MATERIAL DESCRIPTION						
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ADDITIONAL INFORMATION:					·					
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GENERATOR DATE SI COMPANY NAME DELCO MORAIN	HIPPED	FP.	A IDENTIFIC	ATION COD	ENO 126.51					
COMPANY NAME DELCO MORAIN	DELCO MORAINE DIV. GMC STATE I.D. NO.									
ADDRESS1120 WISCONS	1 i 20 WISCONSIN BLVD. PURCHASE ORDER									
CITY STATEOHIQ ZIP PHONE										
This is to certify that the above named m										
transportation according to the applicate	regulations of the Di	lame	insportation :	and the EPA	Phone Property Services					
Signature	Print N	Name			Phone					
TRANSPORTER	EPA IDENTIFICATION NO.									
	STATE I.D. CODE									
ADDRESS					DUONE					
This is to certify acceptance of the above		_								
	•				Date Received					
Signature	Print N									
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.										
ADDRESS										
ADDRESSATTO	STATE	040			PHONE					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for										
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.										
Signature		Name			Date					
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□ HAZARDOUS ™NON—HAZARDOUS ™WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCA	LE INFORMATION	
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	MATER	RIAL DISPOS	SITION			
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GENERATOR DATE S COMPANY NAME DELCO MORAL	SHIPPED	<i>مج</i> EP	A IDENTIFICA	TION COD	ENO. CHI 060728 161	
ADDRESSI320 WISCON	SIN BLVD.		PUR	CHASE OF	IDER	
CITYDAYTON This is to certify that the above named n transportation according to the page to t	be regulations of the Di	epartment of Tra	ansportation as	nd the EPA	. Keep gold copy for your records.	
Signature	Print N	Name	/(EAR!	ON	Phone <u>2276391</u>	
TRANSPORTER C	50 6	EP.	A IDENTIFICA	TION NO.		
COMPANY						
CITY	STATE		Z	I.D. NO IP	PHONE	
This is to certify acceptance of the abo						
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY COMPANY	N LANSFI	EP.	A IDENTIFICA	TION COD	PE NO	
ADDRESS						
ADDRESS					PHONE	
This is to certify completion of treatmen your records. Forward white copy to		-	-			
Signature				=	• • • • • • • • • • • • • • • • • • • •	



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	ITION	
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	CF	RTIFICATIO	N	
GENERATOR DATE S				ENO. 01/0060928561
COMPANY NAMEDELCO_MORAI				
ADDRESS20 WISCON	SIN BLVD.		PURCHASE OR	DER
CITY DAYTON This is to certify that the above named m	naterials are properly cla	OHIO ssified, describe	45401 d, packaged, marked and I	abeled, and are in proper condition for
transportation accord @HD 0609285	61 regulations of the De	epartment of Tra	nsportation and the EPA.	Keep gold copy for your records.
Signature	Print N	Name <u>T</u>	KEARDON	Phone 227 - 6 37/
TRANSPORTER		EPA	A IDENTIFICATION NO.	
COMPANY 597	7.5			DE
ADDRESS			JOB I.D. NO	
CITY This is to certify acceptance of the abo				*
·	•	• •		Date Received
Signature	Print P			
TREATMENT/DISPOSAL FACILITY COMPANY Support	Land lil	· Ø	IDENTIFICATION COD	E NO
ADDRESS	0			
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This is to certify completion of treatmen		or disposal in co	·	
your records. Forward white copy to	of the control of the first	and the second second second	will begin upon receipt	of signed copy of this manifest.
Signature	Print N	lame		Date



□ HAZARDOUS □ NÓN—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1779

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED	EP.	A IDENTIFICATION COL	DE NO. OHS 060928561
COMPANY NAME DELCO MORAIN	IE DIV. GMC		STATE I.D. NO.	
ADDRESS 20 WISCONS	IN BLVD.		PURCHASE OF	RDER
CITY ————————————————————————————————————	STATE	OHIO	45401 ZIP	Labeled and are in proper condition for
transportation according to 160 25856	aterials are properly cla	ssined, describe	o, packaged, marked and	Keep gold copy for your records
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Signature	Print P	varne		
TRANSPORTER	(A)			
COMPANY	<u> </u>			DE
ADDRESS				
This is to certify acceptance of the abo				
Signature		• •		
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TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS	0- 6.3611	EP.	A IDENTIFICATION COL	DE NO
ADDRESS	200,700		STATE I.D. NO JOB NO	
ADDRESS	STATE	0/10	JUD NU.	PHONE
This is to certify completion of treatmen				
your records. Forward white copy to	- ·			
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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THE CHAPTER.				
		ERTIFICATIO		
GENERATOR DATE S COMPANY NAME DILCO MORAIN				ODE NO. 6 4 2060928-61 NO
ADDRESSO WISCONS				
CITYDAYTON				
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marked	and labeled, and are in proper condition for
				EPA. Keep gold copy for your records.
Signature	Print N	Name	REARION	Phone 3 = 76391
TRANSPORTER				10.
COMPANY	SAME			CODE
CITY			ZIP	PHONE
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your records.	Appropriate placards were offered.
Signature	Print N	Name		Date Received
TREATMENT/DISPOSAL FACILITY				ODE NO
COMPANY DAVI	M LANGER	<i>2</i>	STATE ID	NO
ADDRESS			IOR NO	
CITY	STATE	04/10	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with approp	riate regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon rec	eipt of signed copy of this manifest.
Signature	Print i	Name		Date



HAZARDOUS DINON-HAZARDOUS DIWASTE DI RECLAIMABLE MATL. NO. 13787

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IN CASE OF EMERICALING , NO	// 164.					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	ON
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	NCINERATION	# LAN	Drill	וחוטנו	ER (Specify)	
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	CI	ERTIFICATIO	NN .			
GENERATOR DATE S				ATION COD	ENO. 612 0 50 1285	//
COMPANY NAME DELCO MODAINI	E DIV ONO					
ADDRESS 1120 WISCONSI CITY DAYTON	M PI WO		PUR	CHASE OR	DER	
CITY DAYTON	STATE		Z	:IP	PHONE	<u> </u>
This is to certify that the above named n	naterials are properly cla	esmen, describe	4540 aged, r	narked and	abeled, and are in proper cond	ition for
transportation according 000920561	ble regulations of the D	epartment of Tra	ansportation a	ind the EPA	Reep gold copy for your red	cords.
Signature	Print N				*	
TRANSPORTER	mant is					
COMPANY						
ADDRESS					DUONE	
This is to certify acceptance of the abo						
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Signature	Print P					
TREATMENT/DISPOSAL FACILITY	W Jonesell	/ EP			E NO	
COMPANY S . S . A . T/a	W L. Cary F. F.	•. •••••••••••••••••••••••••••••••••••	STA	IE LD. NO.		
ADDRESS	ON STATE	alt in	JOB	NU	DHONG	
This is to certify completion of treatmen						
your records. Forward white copy to						
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Signature	Print P	vame	}		Date	



□ HAZARDOUS □ NON—HAZARDOUS D WASTE □ RECLAIMABLE MATL. NO. 4.190

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□ RECLAMATION □ II	NCINERATION	LANI	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:			·		
<u> </u>	CI	ERTIFICATIO)NI		
GENERATOR DATE S				ATION COD	ENO. O. A. 12 050/28561
COMPANY NAME DELCO MORAIN					
ADDRESS 20 WISCONS			PUF	RCHASE OR	DER
	STATE				PHONE
This is to certify that the above named in OHD 06092856 transportation according to the applica	naterials are properly cla ble regulations of the D	issified, describe epartment of Tra	d, packaged, ansportation	marked and I and the EPA.	Keep gold copy for your records,
Signature	Print 1	Name	1. 1824	13:301	Phone <u>-227634/</u>
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY	SAME				DE
ADDRESS					
CITY This is to certify acceptance of the abo					
Signature	Print f				Date Received
TREATMENT/DISPOSAL FACILITY COMPANY	Tall Jane	EP.			E NO
	UNY A TITLE				
ADDRESS	STATE	PH10			PHONE
This is to certify completion of treatmen	UINIL				
your records. Forward white copy to					
Signature	· 图:"我们我们会会会有一个	Name			Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DE	SCRIPTION
. NON HAZ		30405			BOXES	BANDS
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ADDITIONAL INFORMATION:	·				····	
		ERTIFICATIO	N.			
GENERATOR DATE S	HIPPED 2-19-	95 50	A IDENTIFICA	ATION COD	ENO 0110 06	092856
COMPANY NAMEUSLCO_MORAL						
ADDRESS O WISCONS	SIL DI VD	<u>. </u>	PUR	CHASE OR	DER	
CITY DAYTON This is to certify that the above named m	STATE	OBIO	- 45401 - ²	ZIP	PHONE	· · · · · · · · · · · · · · · · · · ·
transportation according to the applicat						
Signature News d	Print N	Name 🗸 🗸	ENK	0079	Phone	21-6311
TRANSPORTER						
COMPANY					DE	
ADDRESS	STATE				PHONE	
This is to certify acceptance of the abo						and the second s
Signature					Date Recei	•
TREATMENT/DISPOSAL-FACILITY					E NO	
COMPANY	n bandf	ell er				
ADDRESS) <u>/</u>	JOB	3 NO		
CITY Chylon	STATE $ extstyle C$	nev			PHONE	
This is to certify completion of treatmen		·				and the second s
your records. Forward white copy to		-		•		
Signature	Print I	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 138 □ 2

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D.O,T. SHIPPING DESCRIPTION	, HAZĄRD CLĄSS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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COMPANY NAME					
ADDRESS1 20 WISCONS					DER
					PHONE
This is to certify that the above named m OHD 06092856 transportation according to the applicat	aterials are properly cla of ple regulations of the De	ssified, describe epartment of Tra	d, packaged, ansportation :	marked and I and the EPA.	abeled, and are in proper condition Keep gold copy for your records
Signature	Prior 1	Name	CEIRS?	av.	Phone 227 639
TRANSPORTER COMPANY	JAms	~ EP/	A IDENTIFIC	ATE LD COL	DE
ADDRESS					/E
CITY					PHONE
This is to certify acceptance of the above					· ·
Signature					•
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COMPANY	TION LOAD	FUC.	STA	ATE I.D. NO.	
ADDRESS			JOI	B NO	
ADDRESS	STATE	11-110			PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print N	Name			Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 38 □ 3

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION
NON MAZ		3046.			- Horit
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INFORMATION:					
<u> </u>	CI	ERTIFICATIO)N		- Chieforn
GENERATOR DILCO MORA	SHIPPED INE DIV. GMC	EP.	A IDENTIFICATION	ON COD	DE NO/2/1/2/10/27/16
ADDRESS 1 20 WISCON	ISIN BLVD		DIBCE	1.D. NO.	IDER
CITY DAYTON	STATE	0.110	FUNCE	IASE On	PHONE
This is to certify that the above named r	naterials are properly cla	Ssified describe	45401 ² "	ked and	labeled, and are in proper condition for
CITY DAYTON This is to certify that the above named r OHD 0609285 transportation according to the applica	ble regulations of the De	epartment of Tra	insportation and	the EPA	. Keep gold copy for your records.
Signature	Print N	Name	PEINO?	001	Phone = = > (3/2)
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TRANSPORTER COMPANY	- L. 18	EP.			DE
ADDRESS			JOB I.C		•
CITY					
This is to certify acceptance of the abo					
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	3				E NO
COMPANY	1 Sometice	L F	STATE	I.D. NO.	
CITY AV 10	STATE	21.110			PHONE
This is to certify completion of treatmer	nt, storage, reclamation.	or disposal in co			
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon	receipt	of signed copy of this manifest.
Signature	Print N	Name			Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 13 14

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DOT CHIRDING DECORIDATION	1147455 61466	CHANTITY	CONTAIN	CD TYPE	MATERIAL DESCRIPTION
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	EHIYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	D LANI	OFILL	OTHE	ER (Specify)
ADDITIONAL				•	- ·
INFORMATION:					
	CI	ERTIFICATIO)N		
GENERATOR DATE S	HIPPED	EP	A IDENTIFICA	ATION COD	ENO. 64-080928:61
COMPANY NAMEDELCO_MORAIN					
ADDRESS1-129 WISCONS	NN ELVD,		PUF	RCHASE OR	DER
CITY	SIAIE	OHIO	45401 (marked and I	abeled, and are in proper condition for
transportation according Docker Market					
					Phone 2:76341
	Print				
TRANSPORTER COMPANY	51275	· EP/	A IDENTIFICA	ATTON NO.	ne
ADDRESS				NIE I.D. COL	
CITY	STATE				
This is to certify acceptance of the abo					
Signature	•			• ***	
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY	1 LONSICE				
ADDRESS					
ADDRESS	STATE	04/10	7	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with	n appropriate	regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print N	Name	<u> </u>		Date
	· · · · · · · · · · · · · · · · · · ·				4.3. 人名英格兰克克克 · · · · · · · · · · · · · · · · · ·



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 13919

EMERGENCY INFORMATION				SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
NON 1/12		30 YZ			SCHAF WOOD
					
					
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	MATE	RIAL DISPO	SITION		
□ RECLAMATION □ II	NCINERATION	DIAN	DFILL	D OTH	ER (Specify)
					
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IN ORMATION.					
	C	ERTIFICATIO	N		. /3
GENERATOR DATE S	HIPPED	7- 35 EP	A IDENTIFIC	ATION COD	ENO [1060928:51
COMPANY NAME MORAIN	E DIV. GMC		ST	ATE I.D. NO.	
ADDRESS	IN BLVD.		PU	RCHASE OR	DER
CITYDAYTON	STATE	OHIO	<u>45401</u>	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition f
transportation accord 14 Do 06022856	ble regulations of the D	epartment of 1r	ansportation	and the EPA	. Keep gold copy for your records
Signature	Print !				•
TRANSPORTER	مرا المراسي	EP	A IDENTIFIC	ATION NO.	
COMPANY	<u> </u>	·	ST	ATE I.D. COI	DE
ADDRESS			JO	B I.D. NO	
CITYThis is to certify acceptance of the abo	STATE			ZIP	PHONE
TREATMENT/DISPOSAL FACILITY		ED	A IDENTIFIC	ATION COD	ENO
COMPANY SELECTION	N 2640546	, Er	ST	ATE LD. NO	<u> </u>
ADDRESS			JO	B NO	
Signature TREATMENT/DISPOSAL FACILITY COMPANY	STATE	01110	<u> </u>	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wi	th appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	-			•	
Signature	Print I	Name	<u>:.' </u>	. · 	Date
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□ HAZARDOUS □ NON—HAZARDOUS ₺ WASTE □ RECLAIMABLE MATL. NO. 7.38

EMERGENCY INFORMATION		-		SCAL	E INFORMATION	
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TRANSPORTER COMPANY	SAME				DE	
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This is to certify completion of treatmen	•	or disposal in co	mpliance with	n appropriat	e regulations. Keep canary c	opy for
your records. Forward white copy to				pon receipt	of signed copy of this mani	fest.
Signature	Print N	Name		·	Date	
						



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO.

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COMPANY NAMEDELCO_MORAL							
ADDRESS1420 WISCONS	SIN BLVD.		PUF	RCHASE ORDER			
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This is to certify acceptance of the abo							ffered.
Signature	Print N	Name			Date	e Received	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 13828

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GENERATOR DATE S	HIPPED	EP.	A IDENTIFICATION	CODE NO. (040.060928361
CITYDAYTON	STATE	OHIO	-45401 ZIP -	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked	E ORDER PHONE in proper condition for
transportation according to the applica	regulations of the D	epartment of Tra	ansportation and the	EPA. Keep gold copy for your records.
Signature	Print N	Name	A. 13- 201	Phone 227639/
TRANSPORTER	بسريي			NO
COMPANY	سرهر ت			CODE
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CITY	STATE		ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your records.	Appropriate placards were offered.
Signature	Print N	Name		Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICATION	CODE NO.
COMPANY STON	CONFILL		STATE I.D	NO.
ADDRESS		· .	JOB NO	<u> </u>
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				priate regulations. Keep canary copy for
your records. Forward white copy to				- · · · · · · · · · · · · · · · · · · ·
Signature	Print 1	Name		Date
 				



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 38 38

EMERGENCY INFORMATION				SCAL	E INFORMATION
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	SHIPPI	NG INFORM	ATION		
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32		RTIFICATIO			ENO.01/2060928561
GENERATOR DELCO MORAIN	E DIV. GMC				E NO.
ADDRESS 1420 WISCONS	IN BLVD.				DER
CITYDAYTON	STATE				PHONE
This is to certify that the above named m OHD 06092856 transportation according to the applicat					
, /	.4				Keep gold copy for your records.
Signature	Print N	lame	. T. K +	7 (9 W	Phone 227/391
TRANSPORTER 6	C a	EP	A IDENTIFICA	ATION NO.	
COMPANY	JAME		STA	TE I.D. COL	DE
ADDRESS					
CITY	STATE				PHONE
This is to certify acceptance of the above	•	• •			
Signature	Print N	lame			Date Received
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This is to certify completion of treatment	STATE	, , ,	and the second		PHONE PHONE
your records. Forward white copy to		•		1.3 4 1.0	- 1 T
Signature	Print N	lame			Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 138 □ 9

EMERGENCY INFORMATION			<u></u>	SCA	LE INFORMA	TION
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ADDITIONAL INFORMATION:						
· · · · · · · · · · · · · · · · · · ·	CE	ERTIFICATIO	ON	3 may 1999	CH to	1074 5:21
GENERATOR DATE S	HIPPED	EP	A IDENTIFICA	ATION COD	E NOSATE DOS	10/24:01
COMPANY NAME DELCO MORAII	SIN RIVO	· · · · · · · · · · · · · · · · · · ·	STA	RCHASE OF	PDEB	
CITY DAYTON	STATE	0110-	· · ·	IP	PHONE	Ξ
ADDRESS 1420 WISCONS CITY DAYTON This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	narked and	labeled, and are i	n proper condition for
transportation according to the application	File regulations of the De	epartment of Tra	ansportation a	ind the EPA	. Keep gold cop	y for your records.
Signature	Print N	Name	1781	MUZEN	Phone	227.6301
TRANSPORTER		EP/	AIDENTIFICA	ATION NO.	·	
COMPANY	SAME				DE	
ADDRESS	,		JOE	I.D. NO		
CITY	STATE		7	IP	PHON	E
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. App	ropriate placards	were offered.
Signature	Print N	Name			Date R	eceived
TREATMENT/DISPOSAL FACILITY	·	EPA	A IDENTIFICA	ATION COD	E NO	
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ADDRESS					·	
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This is to certify completion of treatmen	- · · ·	7, '				The second of the file
your records. Forward white copy to		and a great and a second		on receipt		Of this manifest.
Signature	Print N	lame			Date _	



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GENERATOR DELCO MORA	SHIPPED 2-6	<u> できっ</u> EP	A IDENTIFIC	ATION COD	ENO.CHI)06042 856	
ADDRESS 1420 WISCON						
CITYDAYTON	STATE	UNIO	PU	TIP	DER	
This is to certify that the above named n		, - • • • - •				
transportation according to the applica	61 ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records	
Signature	Print N	Name J.	FAR	ندنز	Phone 223 639	
TRANSPORTER						
COMPANY					DE	
ADDRESS			JO	B I.D. NO		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your i	records. Appi	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	. /				E NO	
COMPANY 5 1) 1410					·	
ADDRESS		711	JO	B NO		
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Signature	Print r	чате			Date	



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ADDITIONAL INFORMATION:					
	C	ERTIFICATIO	N		
					ENO. 40050928561
COMPANY NAME	ME DIV GMC		ST.	ATE I.D. NO.	
ADDRESS1:20 WISCON	SIN BLVD.		PU	RCHASE OR	DER
ADDRESS 1:20 WISCON CITY DAYTON This is to certify that the above named m	STATE	ОНЮ	45401	ZIP	PHONE
This is to certify that the above named n transportation accord@blo ആര്മില്മ	naterials are properly cla	issified, describe	ed, packaged,	marked and	labeled, and are in proper condition
transportation according to the applical	ole regulations of the D	Name Name	ansportation	and the EPA.	Phone 2326391
Signature	•				i i
COMPANY	Sn.	った	ST.	ATE I.D. COL	DE
ADDRESS			JO	B I.D. NO	
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This is to certify acceptance of the abo					
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY	///	EP	A IDENTIFIC	ATION COD	E NO
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GENERATOR DELCO MORAL	NE DIV. GMC	C EP	A IDENTIFICATION C	ODE NO. 042 080928561
ADDRESS 1420 WISCON	SIN BLVD,		PURCHASE	ORDER
	STATE	OHIO	45401 ZIP	PHONE
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transportation according to the applical	of regulations of the Do			PA. Keep gold copy for your records.
Signature	Print N	Name	ICEAR!ON	Phone 237 63 31
TRANSPORTER				0
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CENERATOR DATE O	3-//	- P Y 50	A IDENITIFICATION	L CODE N	11/10/0928861
COMPANY NAME DELCO MORA	INE DIV. GMC	EP	A IDENTIFICATION STATE I	J NO J CÓDE NO	SC
ADDRESS1420 WISCON	ISIN BLVD.		PURCHAS	SE ORDER	
CITYDAYTON	STATE	OHIO	45401 ZIP		PHONE
This is to certify that the above named n transportation according to the applica	naterials are properly clá	ssified, describe	d, packaged, marke	d and label	led, and are in proper condition for
Signature	Print t	Name	1 CHARLON	/	Phone = 276371
TRANSPORTER					
COMPANY	Som	·			· .
ADDRESS					· · · · · · · · · · · · · · · · · · ·
CITY	STATE				
This is to certify acceptance of the abo	· ·	• •	• •		
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY This is to certify completion of treatment	_ /	EP.	A IDENTIFICATION	CODE NO	o
COMPANY	110H LAN	FFILL	STATE I.	D. NO	<u> </u>
ADDRESS		1711	JOB NO.		
CITY	STATE	0410	ZIP		PHONE
This is to certify completion of treatmen	it, storage, recialitation,	oi disposai ili co	unhuguce with appi	opnate reg	diations. Reep canaly copy for
your records. Forward white copy to					
Signature	Print I	Name		·	Date



□ HAZARDOUS 12 NON—HAZARDOUS 12 WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION
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COMPANY NAME DELCO MORAIN					· · · · · · · · · · · · · · · · · · ·
ADDRESS1420 WISCONS	IN BLVD.				DER PHONE
This is to certify that the above named m	STATE	OHIO			
transportation accord HD 06092856					
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production of the second	Fillich		A IDENTIFICA	TION NO	Thomas
TRANSPORTER COMPANY	TAN	NE			DE
ADDRESS					
CITY	STATE		Z	IP	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO
COMPANY	110N Lian	3. F. 1. C	STA	ŢE I.D. NO.	E NO
ADDRESS		60.6/10	JÓB	NO	<u></u>
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This is to certify completion of treatment					the state of the s
your records. Forward white copy to					
Signature	Print N	lame			Date



□ HAZARDOUS Ø NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION			SCAI	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION			
				
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IN CASE OF EMERGENCY, NO	OTIFY:	EARLON	TRAI	LER NO. TRACTOR NO.
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	SHIPPI	NG INFORM	ATION	
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D.O. 1. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER THE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION	
□ RECLAMATION □ I	NCINERATION	LANI	OFILL OTH	ER (Specify)
ADDITIONAL				
INFORMATION:	-			
		RTIFICATIO	-	
GENERATOR DATE S	SHIPPED	_ <i></i>	A IDENTIFICATION COD	ENO. OH DOBO928561
COMPANY NAME LOO MOR	AINE DIV. GMC		STATE I.D. NO.	
ADDRESS1.320 WISCO	NSIN_BLVD,		PURCHASE OR	DER
CITY	SIAIE	OHIO	45401 ²¹⁹	labeled and are in prepar condition for
transportation according to the approximation				
Signature	Jones San Drink	J	REPRION	Phone 2276391
	Philit			
TRANSPORTER	T.A25			DE
ADDRESS			JOB I.D. NO	
CITY	STATE			PHONE
This is to certify acceptance of the abo	ve materials for shipmer			· · · · · · · · · · · · · · · · · · ·
Signature	Print N	Name		Date Received
TREATMENT/DISPOSAL FACILITY				E NO
COMPANY	LANDELL			
ADDRESS		1/-	JOB NO	• •
CITY JATTO		OHIO		PHONE
This is to certify completion of treatmer				
your records. Forward white copy to	والمرازي المرازية والمتأثر والمتاز المتازية المتازية والمتأثر والمتأثر والمتأثر والمتأثر والمتأثر والمتأثر			
Signature	Print N	lame		Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 73852—

EMERGENCY INFORMATION				SCAL	E INFORMATION
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transportation accord ក្រុមក្រុ ប្ទផ្សេងខ្លែង					
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
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Signature	Print N	lame			Date



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 185

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					ENO. 01-100/0928-61
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ADDRESS 20 WISCONS CITYDAYTON	IN BLVD.			***	DER PHONE
This is to certify that the above named m	SIAIE	OHIO describe	45401 _{ed}	marked and l	abeled, and are in proper condition for
transportation accor 140006092856	e regulations of the D	epartment of Tra	ansportation a	ind the EPA.	Keep gold copy for your records.
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TRANSPORTER			•		•
COMPANY	5,4 m 8	EP	A IDENTIFICA STA	TELD COL)F
ADDRESS					
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This is to certify completion of treatmen	•				
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This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marked	d and labeled, and are in proper condition for
transportation according to the applica	96 legulations of the De	epartment of Tra	insportation and the	e EPA. Keep gold copy for your records.
Signature	Print N	Name	(EARTHY	Phone 2=7/39/
TRANSPORTER		EP/	A IDENTIFICATION	NO
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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transportation according to the applicat	ole regulations of the D	epartment of Tra	insportation and	the EPA.	Keep gold copy for your records.
Signature	Print N	Name	X 15 12 360		Phone 2276391
TRANSPORTER	_	EPA	AIDENTIFICATI	ION NO.	
COMPANY	3 4445		STATE	I.D. COD	DE
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This is to certify completion of treatment		or disposal in co			
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO.

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COMPANY NAMELCO MORAIN	NE DIV. GMC		STATE	I.D. NO.	
ADDRESS 20 WISCONS	SIN BLVD.		PURCH	HASE OR	DER
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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transportation according to the Department							
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TRANSPORTER		•					
COMPANY	5 mm 8)E		
ADDRESS							
CITY	STATE			ZIP	PHO	NE	
This is to certify acceptance of the abo	•					•	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. □ 1854

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GENERATOR DATES	INE DIV. GMC				ENO. (2795-1707) 2 5 3 67
ADDRESS 1:20 WISCON	ISIN BLVD.				DER
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named n	naterials are properly clá	ssified, describe	d, packaged,	marked and la	abeled, and are in proper condition for
transportation according to the application	,				
Signature	Print f		•		Phone > 276391
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This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print f	Name			Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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		RTIFICATIO			7.
					ENO. 6-2060928561
COMPANY NAMEU_LCO_MORAIN	IE DIV. GMC		ST.	ATE I.D. NO.	
ADDRESS1:20 WISCONS	SIN BLVD.		PU	RCHASE OR	DER
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named m					
transportation according to the application	ble regulations of the D	epartment of Ira	ansportation	and the EPA	Reep gold copy for your records.
Signature	Print P	Name (211.0		Phone 2276391
TRANSPORTER		EPA	A IDENTIFIC	ATION NO.	
COMPANY	3 miles				DE
ADDRESS				B I.D. NO	
CITY		·.			PHONE
This is to certify acceptance of the abo					
Signature	Print N	Name			Date Received
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COMPANY -	P-1 IN Cr	WILL.			
ADDRESS		· · · · · · · · · · · · · · · · · · ·	JO	B NO	
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 73877

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COMPANY NAME DELCO MORAIN	IE DIV. GMC	•		RCHASE ORI	DER		
ADDRESS 1:20 WISCONS CITY DAYTON	IN BLVD.		•	URCHASE ORDERPHONE			
This is to certify that the above named m	naterials are properly cla	QHIQ describe	d 4554 (0athed,	marked and la	abeled, and are in proper condition		
transportation accordingtogegegege	ble regulations of the De	epartment of Tra	insportation a	and the EPA.	Keep gold copy for your records		
Signature	- /		(£191720				
			A IDENTIFIC	ATION NO			
TRANSPORTER COMPANY	SiAME				E		
ADDRESS							
CITY					PHONE		
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. Appro	opriate placards were offered.		
Signature	Print N	Name			Date Received		
TREATMENT/DISPOSAL FACILITY			A IDENTIFIC				
COMPANY	TON LANGE				NO.		
ADDRESS			JOE	8 NO			
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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co			and the second s		
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt (of signed copy of this manifest.		
Signature	Print N	lame			Date		
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO.

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COMPANY NAME DELCO MORAII	NE DIV. GMC		ST/	ATE I.D. NO.		
ADDRESS 1/20 WISCONS	SIN BLVD,		PUI	RCHASE OR	DER	
CITYDAYTON This is to certify that the above named m	STATE	OHIO	45401	ZIP	PHONE	<u> </u>
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, package d,	marked and I	abeled, and are in	proper condition
ransportation according to 1160928556	/	epartment of Ir	ansportation	and the EPA.	Keep gold copy	for your record
Signature	Print I	Vame		· · ·	Phone _	
TRANSPORTER		EP C				
COMPANY		2		-	DE	
ADDRESS						
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This is to certify acceptance of the above						
Signature	Print I	Name		 	Date Red	eived
TREATMENT/DISPOSAL FACILITY	TON LAWS			-	E NO	
COMPANY	10N KARP	100				
ADDRESS		<u> </u>	JOI	3 NO		
этү <u>Э<i>А.</i>170</u> ,	STATE	ONIO			PHONE	
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your records. Forward white copy to	and the second s	ta Baile Prince	マイ・・・ こくりょ	14.5	of signed copy o	t this manifest.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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GENERATOR DATE S	HIPPED 3-18	8. 85 EP/	A IDENTIFICA	TION COD	E NO.	160928561
GENERATOR DATE S COMPANY NAME DELCO MORAIN	IE DIV. GMC					
ADDRESS 1120 WISCONS						
CITYDAYTON						
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TRANSPORTER	4	EPA	A IDENTIFICA	TION NO	<u> </u>	
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placare	ds were offered.
Signature	Print N	Name			Date	Received
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 1870

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ADDRESS1120 WISCONS	NE DIV. GMC BIN BLVD.		PUR	CHASE OR	DER	
CITYDAYTON	STATE	OHIQ	4 5401 Z	IP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, n	narked and I	abeled, and are in prop	er condition for
transportation according to the application			Insportation a	nd the EPA.	Keep gold copy for	your records.
Signature	Print N	Name	CEARDON		Phone 22	76391
TRANSPORTER					-:	
COMPANY	JAm ?	<u>. </u>			DE	
ADDRESS	STATE		JOB		·····	
This is to certify acceptance of the above						offered.
Signature	•					
TREATMENT/DISPOSAL FACILITY	ز	ED			E NO	
COMPANY	TOW LENDI	<i></i>				
ADDRESS			JOB		<u></u>	
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Signature	Print N	lame :	<u>ক্রম (মানুল্য পরি)</u> ভারত মিন <u>্টির জাত</u> সং	<u> </u>	Date	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 1877

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	MATERIAL DESC	RIPTION	
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED	<u>⊘ </u>	A IDENTIFICAT	ION COD	ENO. OR 2 0509	(C O /
ADDRESS1320_WISCONS	SIN RIVD		PURC	E I.D. NO. HASE OR	DER	
CITYDAYTON	STATE	0410	ZIF		PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, ma	rked and I	abeled, and are in proper	condition for
transportation according to the appropriate						
Signature	Print N	Name	KEARZON .		<u>ح ج</u> Phone	76391
TRANSPORTER		ĘΡ	A IDENTIFICAT	ION NO.		
COMPANY	-AM	£	STATE	E I.D. COD	DE	
ADDRESS		 -				
CITY	STATE				PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your reco	ords. Appr	opriate placards were of	ffered.
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	PANSFILL	EPA	A IDENTIFICAT	ION COD	E NO	
COMPANY S. DAITON	/ ANSFILL			E I.D. NO.		
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Signature	Print P	vame			Date	



□ HAZARDOUS □ NON—HAZARDOUS ₺ WASTE □ RECLAIMABLE MATL. NO. 1372

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRI	PTION
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This is to certify that the above named m	naterials are properly cla	OHIO ssified, describe	45401- d, packaged,	marked and	labeled, and are in proper c	ondition for
transportation according to முகுறை நடுக்கு	Te regulations of the De	epartment of Tra	ansportation	and the EPA.	. Keep gold copy for you	r records.
Signature	Print I	Name	(F)a	COUNT	Phone	
TRANSPORTER EPA IDENTIFIC						*
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ADDRESS			JO	B I.D. NO		
	CITY STATE				PHONE	
This is to certify acceptance of the above	•	- ·				200
Signature	Print 1	Name		· · · · · · · · · · · · · · · · · · ·	Date Received _	· · · · ·
TREATMENT/DISPOSAL FACILITY EPA IDENTIFI						
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ADDRESS	·-in.	21/10	JO	B NO		
CITY	// STATE	71410		ZIP	PHONE	
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Signature	Communication of the contract	Charles To State Control				The second second
Signature	Print N	lame			Date	



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ADDRESS 1320 WISCONS	IN BLVD.		PURCHASE OF	RDER
CITYDAYTON	STATE	OHIQ	45401 ZIP	PHONE
This is to certify that the above named m				
transportation according to the applica	ble regulations of the Do			
Signature	Print N	Name	KEARSON	Phone <u>2276391</u>
TRANSPORTER	A			
COMPANY		•	STATE I.D. CO	
ADDRESS			JOB I.D. NO ZIP	PUONE
This is to certify acceptance of the abo		-		and the second s
Signature				
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TREATMENT/DISPOSAL FACILITY	W LANDEL			DE NO.
ADDRESS			JOB NO	
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This is to certify completion of treatmen		or disposal in co		
your records. Forward white copy to	generator. Processing			of signed copy of this manifest.
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COMPANY	· Jungana				DÈ	
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COMPANY A	1. Londson					
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COMPANY NAME						
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CITY DAYTON This is to continue that the above named a					PHONE	
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COMPANY	SA	m E			DE	
ADDRESS						
CITY	STATE			ZIP	PHONE	<u> </u>
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	cords. App	ropriate placards were offere	d.
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TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO	·.
COMPANY	LANGIL		STA	TE I.D. NO.		::. [']
ADDRESS						
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Signature		vame			Date	3.532
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OFNICATOR DATE	CI	ERTIFICATIO	A IDENTIFIC	ATION COD	ENO. (4/30671286)	
GENERATOR COMPANY NAME DELCO MORAIN	E DIV. GMC		A IDENTIFIC	ATE I.D. NO.	E NO. 7	
ADDRESS 1420 WISCONS	IN BLVD.				DER	
			-		PHONE	
This is to certify that the above named in OHD 06092856 transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged,	marked and i	labeled, and are in proper condition for	
Signature					Phone 2=76791	
TRANSPORTER	- Print				FHORE	
COMPANY	SAM				DE	
ADDRESS		~ <u>.</u>	JO	B I.D. NO		
CITY				ZIP	PHONE	
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Signature	Print N	Name			Date Received	
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COMPANY	<u> </u>				·	
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This is to certify completion of treatmen	•	or disposal in co				
your records. Forward white copy to			1. ·	pon receipt		
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	MATER	RIAL DISPOS	SITION	
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ADDITIONAL				
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GENERATOR DATE S	HIPPED	9-7 1 EP	A IDENTIFICATION COD	ENO. OHD 060928:61
ADDRESS 1:20 WISCONS	SIN RIVO		STATE I.D. NO.	DER
ADDRESS 1:20 WISCONS	STATE		1 ONORAGE ON	PHONE
CITY	aterials are properly cla	ssified, describe	45401 d, packaged, marked and I	abeled, and are in proper condition for
transportation according to the applicat	Ble regulations of the De	epartment of Tra	insportation and the EPA	Keep gold copy for your records.
Signature	/		FRARM	
TRANSPORTER				
COMPANY	J Am &			DE
ADDRESS			JOB I.D. NO	
CITY	STATE	·	ZIP	PHONE
This is to certify acceptance of the above	•			
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·	Date Received
TREATMENT/DISPOSAL FACILITY	<i>)</i> ·	EPA	A IDENTIFICATION COD	E NO
COMPANY	od LANDE!	~ (STATE I.D. NO.	E NO.
ADDRESS			JOB NO	
CITY SON		01110	· ·	PHONE
This is to certify completion of treatmen				
your records. Forward white copy to Signature	generator. Processing			
Signature	Print N	lame		Date



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**	SHIPPI	NG INFORM	ATION			
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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GENERATOR DELCO MORAIN	性PBFV. GMC		A IDENTIFICATION COL	DENO. OH DOGO 328181		
ADDRESS1320 WISCONS	SIN BLVD.			RDER		
CITYDAYTON	STATE	QHQ	45401 71P	PHONE		
This is to certify that the above named n						
OHD 06092856 transportation according to the application	oI ble regulations of the D	epartment of Tra	ansportation and the EPA	Keep gold copy for your records.		
	Print I			Phone 3->6541		
TRANSPORTER			,			
COMPANY	- Amount			DE		
ADDRESS						
CITY						
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your records. App	ropriate placards were offered.		
Signature	Print I	Name	· · · · · · · · · · · · · · · · · · ·	Date Received		
TREATMENT/DISPOSAL FACILITY	,	FP	A IDENTIFICATION COR	DE NO		
COMPANY	1 - LAW35.16		STATE I.D. NO			
ADDDECC			IOD NO			
CITY	ON STATE	0410	ZIP	PHONE		
This is to certify completion of treatmen				-		
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon receipt	of signed copy of this manifest.		
Signature	Print 1	Name		Date		
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IMMEDIATE RESPONSE INFOR	RMATION				<u> </u>
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL					
INFORMATION:		<u> </u>			
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GENERATOR DATE S				ATION COD	ENOCH 2060928161
GENERATOR DATE S COMPANY NAME D.LCO MORAIN	NE DIV. GMC				ENO:
ADDRESS1320 WISCONS	SIN BLVD.		PUF	RCHASE OR	DER
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
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ADDRESS1420 WISCONS			the state of the s	,
CITY DAYTON	STATE	<u>OHIQ</u>	45401 ZIP	PHONE
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transportation according to the applicat	_	,		
Signature	Print N	Name	Change 1	Phone
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transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation an	d the EPA	. Keep gold copy for your records. Phone 2276221
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COMPANY NAME DELCO MORAIN ADDRESS 1:20 WISCONS	IN BLVD.		PURC	CHASE ORD	oer
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your records. A	appropriate placards were offered.
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary cop
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COMPANY NAME DELCO MORAINE DIV. GMQ STATE I.D. NO ADDRESS1:20 WISCONSIN BLVD. PURCHASE ORDER	
CITY DAYTON STATEOHIOZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, a	nd are in proper condition for
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep go	old copy for your records.
Signature Print Name Print Name	Phone 2276391
TRANSPORTER EPA IDENTIFICATION NO	· .
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ADDRESS JOB 1.D. NO	
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate p	
Signature Print Name	Date Received
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO	·
COMPANY STATE I.D. NO	
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulating your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed	
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GENERATOR COMPANY NAME DELCO MORAIN	E DIV. GMC				E NO!
ADDRESS 1420 WISCONS	IN BLVD.				DER
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CITYDAYTON	STATE	OHIO	45401 ZIP	RDERPHONÉ
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transportation accord 0410 06098851				
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ADDRESS 1420 WISCONS	IN BLVD.				DER	
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COMPANY NAMEDELCO_MORAH				
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Signature	Print I	Name		Date
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CITYDAYTON	STATE	OHIO -	45401 - ²	ZIP	PHONE
This is to certify that the above named m	iaterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition to
transportation according to the application					
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This is to certify that the above named ma	aterials are properly clas	ssified describe	d. packaged.	marked and la	abeled, and are in proper condition for
transportation according to the application					Keep gold copy for your records.
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COMPANY	y / PA !!!	(
ADDRESS			JO	B NO	
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This is to certify completion of treatment					
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COMPANY NAME DELCO MORA	HIPPED 3					
ADDRESS 1420 WISCON	ISIN BLVD.				DER	
CITYDAYTON	STATE	OHIO -	45401	ZIP	PHONE	
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transportation according to the applica	ble regulations of the De	-				
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	to the contract of the contrac	and the second s				
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This is to certify completion of treatment						
your records. Forward white copy to	generator. Processing (of your invoice	will begin up	on receipt	of signed copy	of this manifest.
Signature Print Name				- -	Date _	



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | 1945

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COMPANY	J.mc				DE
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFIC	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY	204-2 201	116	STA	ATE I.D. NO.	
ADDRESS	01	1 1/11)	JOE	3 NO	22
This is to certify completion of treatment					
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COMPANY NAME DELCO MORAIN	IE DIV. GMC		STA	TE I.D. NO.		
ADDRESS1120 WISCONS	IN BLVD.		PUF	RCHASE ORDER		
CITYDAYTON	STATE	<u> OHO</u>	-25401 - 2	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	marked and l	abeled, and are in proper condition for	
transportation according to 160 april 55	He regulations of the De	epartment of Ira	ansportation a			
Signature	Print N	Name	1 * ~ 12:20		Phone	
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COMPANY			STA	TE I.D. COL	DE	
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COMPANY	1 4 135766		STA	ATE I.D. NO.			
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ADDRESS 1120 WISCONS	SIN BLVD.		PUR	CHASE OR	DER
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ADDRESS1420 WISCONS				RCHASE ORDER		
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This is to certify that the above named m OHD 06092356 transportation according to the applical	naterials are properly cla	ssified, describe	d, packaged, i	marked and i	Keep gold copy for your	ndition foi
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COMPANY NAME DELCO MORAIN					
ADDRESS 1420 WISCONS	IN BLVD.		PURCI	HASE OR	DER
CITY ————————————————————————————————————	STATE	OHIO	45401 ZIP	اشد د د د	PHONE
transportation according to the application					
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Signature	Print N				
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COMPANY NAMEDELCO_MORAL	NE DIV. GMC		STAT	E I.D. NO.			
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transportation according 10 to 600 385	regulations of the D	epartment of Tra	ansportation and	d the EPA.	Keep gold copy for your records.		
Signature	Print t	Name	Temes		Phone		
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I COMPANY NAME			STA	ATE I.D. NO.	
ADDRESS 1420 WISCONS	SIN BLVD.				
This is to certify that the above named m OHD 0609285 transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
Signature	Print N	lame	\$ 14-15		Phone
TRANSPORTER					
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This is to certify completion of treatment					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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ADDRESS1420 WISCON					
CITY DAYTON		OHIO	PU	HUHASE UH ZIP	DER
This is to certify that the above named OHD 0609285 transportation according to the applic	61 able regulations of the D	epartment of Tre	nsportation	and the EPA	Keep gold copy for your records.
Signature	Print N	Name	7 8,200	mar	Phone 2276391
TRANSPORTER	•	50	A IDENTIFIC	ATION NO	
COMPANY	JA mas	- -	ST/	ATE I.D. COL	DE
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This is to certify acceptance of the ab	ove materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
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COMPANY NAME DELCO MORAL	NE DIV. GMC		STA	TE I.D. NO.		
ADDRESS1320 WISCON						
CITYDAYTON						
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, r	narked and I	abeled, and are in proper condition for	
transportation according to the applicat	he regulations of the De	epartment of Tra	insportation a	ind the EPA.	Keep gold copy for your records.	
Signature	Print N	lame	# 12/	E 2 0 m/	Phone 2276531	
TRANSPORTER	· 	EP/	A IDENTIFICA	ATION NO.		
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ADDRESS			JUB	I.D. NO		
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This is to certify completion of treatment	• .	•	' - '			
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ADDRESS1420 WISCONS					DER
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CITY — DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	d, packaged,	marked and i	abeled, and are in proper condition for
transportation accord(DB) DO (DE) DEBO	pregulations of the De	epartment of Tra	ansportation :	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	16.2000	·~	Phone 2=7/39/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY			STA	ATE I.D. COD	DE
ADDRESS			JOE	3°1.D. NO	
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This is to certify acceptance of the above	•		• •	• •	
Signature	Print N	Name			Date Received
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This is to certify completion of treatment your records. Forward white copy to					
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		2 C T C	/N.		ENO. 11 060128561	
GENERATOR DATE SI COMPANY NAME DELCO MORAIN	AIPPED	EP/	A IDENTIFICA	ATTON COD	E NO	
ADDRESS1420 WISCONS						
CITYDAYTON	STATE	0.00		ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	45401 d, packaged, i	marked and	abeled, and are in proper condition for	
transportation accord@bl D 06092856	regulations of the D	epartment of Tra	insportation a	and the EPA	Keep gold copy for your records.	
Signature	Print N	Name	143	700	Phone	
TRANSPORTER						
COMPANY	JAn E		STA	TE I.D. COL	DE	
ADDRESS	····	<u> </u>	JOE	I.D. NO		
CITY	STATE		2	ZIP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.	
Signature	Print N	Name			Date Received	
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This is to certify completion of treatment your records. Forward white copy to	_	•			- ·	
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COMPANY NAME DELCO MORAIN	IE DIV. GIVIL		STA	TE I.D. NO.		
CITY	STATE	0.110	PUH	JRCHASE ORDERPHONE, marked and labeled, and are in proper condition for		
This is to certify that the above named m	aterials are properly cla	-OHIO ssified. describe	~ 4540 L	narked and i	labeled, and are in	proper condition for
transportation according to மேலில்க	e regulations of the De	epartment of Tra	ansportation a	nd the EPA	Keep gold copy	for your records.
Signature	Print N	Name	جرود سيخ	31/	Phone _	
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ADDRESS	· <u>-</u> -		JOB	I.D. NO		
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appı	opriate placards v	vere offered.
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GENERATOR DATE S	HIPPED	EP.	A IDENTIFICATION	ON COD	ENO. 13 060928181	
COMPANY NAME _DELCO_MORAIN						
ADDRESS1420 WISCONS	IN BLVD.	·	PURCH	IRCHASE ORDER		
CITY	STATE	OHIO	_45401 ZIP		PHONE	
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1 277	<i>.</i>				Phone 277/39/	
Signature	Print N				·	
TRANSPORTER	CA				<u> </u>	
COMPANY	377778				DE	
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GENERATOR DATE S	HIPPED	EP.	A IDENTIFIC	ATION COD	ENO. 2 12 11/20928561	
COMPANY NAME DELCO MORAIN						
ADDRESS 1420 WISCONS						
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This is to certify that the above named in transportation according to the applications.					Koon sald same far value roomeds	
	,		(E. + C	مان نااه کید ۲۰ ۱۰۰	Phone 227634	
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TRANSPORTER COMPANY		EP.	A IDENTIFIC:	ATION NO.	DE	
ADDRESS		<u> </u>		RIE I.D. COL)E	
CITY	•					
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Signature	Print N	Name			Date Received	
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This is to certify completion of treatmen	-	•			9	
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GENERATOR DELCO MORA	THE DIV. GMC	<u>- 83</u> EP	A IDENTIFIC	ATION COD	ENO. 3HD 660 978 561
ADDRESS 1420 WISCO	NSIN BLVD.				DER
	STATE	OHIO			PHONE
This is to certify that the above named n OHD 060928 transportation according to the applica	naterials are properly cla 561 ble regulations of the D	ssified, describe	d, packaged, ansportation	marked and land the EPA.	abeled, and are in proper condition for Keep gold copy for your records.
Signature Str. June					Phone
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	·
COMPANY	· · · · · · · · · · · · · · · · · · ·				
ADDRESS			JO	B I.D. NO	
CITY					
This is to certify acceptance of the abo					
Signature	Print P	Name			Date Received
TREATMENT/DISPOSAL FACILITY	LAND FILL	EP	A IDENTIFIC	ATION COD	E NO
OOM AN	_ /ANN P/IC				
ADDRESS	STATE /				PHONE
This is to certify completion of treatmen	it, storage, reclamation,	or disposal in co	ompliance wit	h appropriate	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N			· · · · · ·	Date
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This is to certify that the above named m transportation according to the applicate	naterials are properly class ole regulations of the De	ssified, describe epartment of Tra	d, packaged, i ansportation a	marked and I and the EPA.	abeled, and are in proper condition for Keep gold copy for your records.
Signature 2	Print N	lame	Millo	~	Phone 227-639/
TRANSPORTER					
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ADDRESS					
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This is to certify acceptance of the above	•				
Signature	Print N	lame	 		Date Received
TREATMENT/DISPOSAL FACILITY	1				E NO
COMPANY 5 . DAYTON	CANAFIC				
ADDRESS	07175				PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing of	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame			Date



ENVIRONMENTAL MANIFEST | HAZARDOUS | MON_HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 43773

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GENERATOR DELCO WIDAYES COMPANY NAME _ 20 WISCONS	IN PLVO	91 83 EP	A IDENTIFIC	ATION COD	ENO. 01-136692 57/	
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This is to certify that the above frame of	aterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition fo	
transportation according to the applical	=					
Signature Share	Print 1	Name	· · · · · · · · · · · · · · · · · · ·	•	Phone 227-6341	
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COMPANY	SME		ST/	ATE I.D. COL	DE	
ADDRESS			JOI	3 I.D. NO		
CITY						
This is to certify acceptance of the about	•	• •			•	
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TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY 5. NAY TEN LAND FILL STA						
ADDRESS	07475 À	Hia	JOE	3 NO	BUONE	
This is to certify completion of treatmen	t storage reclamation	or disposal in or	mnliance wit	h annronrist	PMUNE	
your records. Forward white copy to		•			= -	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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05/450.700		RTIFICATIO)N	471011.000	ENO. 1. 0509: 8-31	
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ADDRESS ADDRESS	181 DLVD		PU	RCHASE OR	DER	
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transportation according 100 (ந்து இது					Keep gold copy for your records.	
Signature	Print N	lame	والمهجر بجراسم	1.90.1	Phone 2=76391	
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ADDRESS			_			
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Signature	Print N					
TREATMENT/DISPOSAL FACILITY COMPANY	7 /	EP/	A IDENTIFIC	ATION COD	E NO	
	1381 / 14 7					
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This is to certify completion of treatment your records. Forward white copy to		•			-	
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COMPANY NAMEDELCO_MORAL	NE DIV. GMC		STA	ATE I.D. NO.	
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ADDRESS			JOB I.D.	NO	<u> </u>
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	ppy for your record	ds. App	ropriate placards were offered.
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COMPANY JONE	1 LANGELL		STATE	.D. NO.	
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ADDRESS 1320 WISCONSIN BLVD. PUR		
CITY STATEOHIO 45401 Z	IP	_ PHONE
This is to certify that the above named materials are properly classified, described, packaged, r transportation according to the applicable regulations of the Department of Transportation a	narked and labeled, nd the EPA. Keep (and are in proper condition fo gold copy for your records.
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with		1. Selection 1. Selection 2.
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GENERATOR DATE S				ATION COD	E NO	200928561		
COMPANY NAME DELCO MORA	INE DIV. GMC		ST	ATE I.D. NO.				
ADDRESS1120 WISCON	ISIN BLVD.		PU	RCHASE OR	DER			
CITY	STATE	OHIO	45401	ZIP	PH	ONE		
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and	are in proper condition fo		
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COMPANY S. JATION	CANTFILL		ST.	ATE I.D. NO.				
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CITY DAYTO	Z STATE	CA 10		ZIP	PH	ONE		
This is to certify completion of treatmen your records. Forward white copy to	t, storage, reclamation,	or disposal in co	mpliance wit	th appropriat	e regulations	s. Keep canary copy f		
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COMPANY NAME DELCO MORAL					·	
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COMPANY	1E				DE	
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your r	ecords. App	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	/	. / EP	A IDENTIFIC	ATION COD	E NO	
COMPANY	n GARDF	,	STA	ATE I.D. NO.		
ADDRESS		24/12				
CITY DAYTON	STATE	1110			PHONE	
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Signature	Print I	Name		· · · · · · · · · · · · · · · · · · ·	Date	



☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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transportation according HD: 12602785	regulations of the D	epartment of Tra	ansportation a	ind the EPA	Keep gold copy for your records.	
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transportation accor அறு அதுத்தி	e regulations of the D	epartment of Tra	ansportation an	d the EPA	. Keep gold copy for yo	our records.
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manife.						
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05/50 200				47:01:000	ENO. 040060925561
COMPANY NAME DELCO MORAL			PU	RCHASE OR	DER
CITY 1420 WISCON		-0HO -	45401	ZIP	PHONE
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transportation according to the anglical	egulations of the De	epartmept -of -Tra	neportation	and the EPA.	Keep gold copy for your records.
Signature Cardy	Print N	Name 🗸 . /	CFAL		Phone 227-639/
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COMPANY			ST	ATE I.D. COD	DE
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED GMO	1/-80 EP		ENO. OHOOLO42361
ADDRESS	IN BLVD.		STATE I.D. NO.	
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This is to certify that the above named in		ssified, describe		
transportation accord PHD, 0609275	le regulations of the D	epartment of Tra	ansportation and the EPA.	
Signature Klaudon	! Print N	NameRE	AROON	Phone 2176391
TRANSPORTER	_	EP	A IDENTIFICATION NO.	
COMPANY 5AM	<u> </u>	•		DE
			JOB I.D. NO	
CITY				
This is to certify acceptance of the abo	•			
Signature	Print N	Name		Date Received
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COMPANY NAME - DELCO MORAII	NE DIV. GMC		STATE I.	D. NO.		
ADDRESS	CIN RI VD.				DER	
CITY	STATE	DHO	ZIP ZIP		PHONE	
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marke	d and I	abeled, and are in proper condition for	
transportation according 19,0609283	j.	,,	insportation and th	e EPA.	Keep gold copy for your records.	
Signature	AOI Print N	Name	ENKUUV		Phone 2276391	
TRANSPORTER	. T	EPA	A IDENTIFICATION	NO.		
COMPANY SAN	1 <i>F</i>	**	STATE I.I	D. COE	DE	
ADDRESS		**************************************	JOB I.D.	NO	· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	- 	ZIP		PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your record	s. Appr	opriate placards were offered.	
Signature	Print N	Name	· 		Date Received	
TREATMENT/DISPOSAL FACILITY		. EP/	A IDENTIFICATION	OD (E NO	
COMPANY 5, DAYTON	LANDFILL		STATE I.I	D. NO.		
ADDRESS	, , , , , , , , , , , , , , , , , , , ,		JOB NO.			
CITY DAYTON	STATE	1410			PHONE	
This is to certify completion of treatmen			mpliance with app	opriate	e regulations. Keep canary copy for	
your records. Forward white copy to						
Signature _	Print N	Name			Date	
RETURN TELEVISION SECURITION OF SECURITION	NATURAL PROPERTY OF THE PROPER	-		Merch		



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4.7	SHIPPI	NG INFORM	ATION	
D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	À LANG	DFILL DOTH	ER (Specify)
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		RTIFICATIO		DE NO. (DE) DORGE 8561
GENERATOR DELCO MORAIN	HIPPED E DIV. GMC			DE NO. 2 727 0
ADDRESS1320 WISCONS			PURCHASE OF	
				PHONE
This is to certify that the above named m	aterials are properly clas	ssified, describe	đ, packaged, marked and	labeled, and are in proper condition for
transportation according to 60 42856	e regulations of the De	epartment of Tra		. Keep gold copy for your records.
Signature	Print N	lame	(16cmand	Phone >=7 8391
TRANSPORTER		EPA	IDENTIFICATION NO.	·
COMPANY	TH N	E		DE
ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer	t. Keep pink co	py for your records. App	ropriate placards were offered.
Signature	Print N	lame	·	Date Received
TREATMENT/DISPOSAL FACILITY		EPA	IDENTIFICATION COL	DE NO
COMPANY	W LANDFIL	<u> </u>	STATE I.D. NO	
ADDRESS			JOB NO,	
CITY		2110	ZIP	
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing of	of your invoice	will begin upon receipt	t of signed copy of this manifest.
Signature	Print N	lame		Date



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□ RECLAMATION □ IN	CINERATION	LANI	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:					
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					ENO. 040 060/28561
COMPANY NAME DELCO MORAIN ADDRESS 1:20 WISCONS	IN DIVO		517 DIJE	RCHASE OR	DER
CITY	STATE		2	ZIP	PHONE
CITY	aterials are properly cla	OHIO ssified, describe	4540] d, packaged, i	marked and	labeled, and are in proper condition fo
transportation accord निर्म के सिंह किनेहिंदिक	le regulations of the D	epartment of Tra	ansportation a	ind the EPA	. Keep gold copy for your records.
Signature	Print P	Name	REARS.	2.1/	Phone 227 6391
TRANSPORTER					
COMPANY	SA mak				DE
ADDRESS					
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This is to certify acceptance of the above	•				·
Signature	Print N			•	Date Received
TREATMENT/DISPOSAL FACILITY	LANIALL	EPA			E NO
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ADDRESS	STATE	01/11	_		PHONE
This is to certify completion of treatment					
your records. Forward white copy to	- · · · · · · · · · · · · · · · · · · ·	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	Name			Date



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COMPANY NAME LCO MORAL	NE DIV. GMC	EP	STA	TELD NO.	E NO.	
ADDRESS 20 WISCON	SIN BLVD.		PUF	CHASE OR	DER	
CITY						
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, i	narked and I	labeled, and are in proper condition for	
transportation according to the application	fie regulations of the De	epartment of Tra	insportation a	nd the EPA	Keep gold copy for your records.	
Signature	Print N	Name <u>(</u>	(EME	KA	Phone 227-/29/	
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ADDRESS				I.D. NO		
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This is to certify acceptance of the above	·			• •	•	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	, Jan 1994 .		A IDENTIFICA			
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ADDRESS	STATE	0 K/100	JOB	NO	PHONE	
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					ENO.0 43 160125361	
COMPANY NAME _U.LCO MORAIN	IE DIV. GMC		STA	TE I.D. NO.		
ADDRESS 20 WISCONS	IN BLVD.		PUR	CHASE OR	DER	
CITYDAYTON	STATE	OHIO	-45401 - ²		PHONE	
This is to certify that the above named m						
transportation accord 1400 060 22856	Print N	epartment of Tra				
Signature	Print N		17 19 1824			
TRANSPORTER	JAME					
COMPANY					DE	
ADDRESS			JOB	I.D. NO	PHONE	
CITY This is to certify acceptance of the above						
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TREATMENT/DISPOSAL FACILITY	Test land				E NO	
COMPANY	CON CHANGE	-776				
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	LAN	DFILL	OTH	ER (Specify)
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GENERATOR DATES					ENO. 0HD 060928:61
COMPANY NAME DILCO MORAIN	E DIV. GMC		ST	ATE I.D. NO.	
ADDRESS 120 WISCONS					
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	abeled, and are in proper condition for
transportation accorded to the state of the		_	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Signature	Print N	Name	J'E1917	DOW	Phone <u>>=76391</u>
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY	<u> 5 A Y</u>	ME	ST.	ATE I.D. COI	DE
ADDRESS	- 		JO	B I.D. NO	
CITY			-		
This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your r	records. Appi	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	/	EP	A IDENTIFIC	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	TON LEND	FILC	ST	ATE I.D. NO.	
ADDRESS					
ADDRESS	N STATE	0410		ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	•	* * *	
your records. Forward white copy to	-			-	
Signature	Print N	Name		·	Date



EMERGENCY INFORMATION			SC	ALE INFORMATION
IMMEDIATE RESPONSE INFO	RMATION			
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IN CASE OF EMERGENCY, NO	TIEV	162300	TRA	AILER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NO	TIFT	7 9 17 137		MACTOR NO.
	SHIPPI	NG INFORM	ATION	
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□ RECLAMATION □ II	NCINERATION	LANI	DFILL OT	HER (Specify)
ADDITIONAL INFORMATION:		<i>.</i>		
	Cl	ERTIFICATIO)N	DDE NO 1/2 8/6/
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED	EP	A IDENTIFICATION CO	DDE NO (() DUBLI (2 8) 8)
ADDRESS L 20 WISCONS				O
CITYDAYTON				
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marked an	d labeled, and are in proper condition for
transportation according ใจให้ยายการโล	de regulations of the D	epartment of Tra	ansportation and the EF	A. Keep gold copy for your records.
Signature	Print N	Name	EAR DON	Phone _227 65 9/
TRANSPORTER	•),
COMPANY	5 AME			
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the about	ve materials for shipme	nt. Keep pink co	py for your records. Ap	opropriate placards were offered.
Signature	Print P	Name		Date Received
TREATMENT/DISPOSAL FACILITY	_ 1	EP.	A IDENTIFICATION CO	DDE NO.
COMPANY	on fords	/(0
ADDRESS			JOB NO	
CITY DAYTIN			and the second s	PHONE
This is to certify completion of treatmen your records. Forward white copy to				ate regulations. Keep canary copy for of signed copy of this manifest.
Signature		Name		
Orginature	rimtr	40IIIC		Date



EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFORMATION					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED	FP سسر نهر خ	A IDENTIFIC	ATION COD	ENOCH 1609 1161
COMPANY NAME DELCO MORAIN	E DIV. GMC		ST/	ATE I.D. NO.	
ADDRESS 1 120 WISCONS	SIN BLVD.		PUI	RCHASE OR	DER
CITYDAYTON					
This is to certify that the above named m					
transportation accorded to 160 application	ble regulations of the D	epartment of Ir	ansportation	and the EPA.	. Keep gold copy for your records.
7- '	Print I				Phone 257678/
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	·
COMPANY					
ADDRESS	CTATE		JUI	3 I.U. NU 710	PHONE
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Signature	•	• •			
TREATMENT/DISPOSAL FACILITY COMPANY	y Tol Linns	FILE	A IDENTIFIC STA	ATTON COD	E NO
ADDRESS			JOI	3 NO	
ADDRESS	Or STATE	04/11		ZIP	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·		Date



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ IN	NCINERATION	X LAN	DFILL	□ OTH	ER (Specify)
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INFORMATION:					
		RTIFICATIO			2112212211
GENERATOR DATE SI COMPANY NAME DELCO MORÂIN					ENO. 040060928361
ADDRESS1120 WISCONS					DER
CITY	STATE	OHIO			PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, r	narked and l	abeled, and are in proper condition for
transportation accord AHD AGAPASS	regulations of the De	epartment of Tra	ansportation a		
Signature, Klash	Print N	vameREA	groon -		Phone 227 6391
TRANSPORTER		EP/	A IDENTIFICA	TION NO.	
COMPANY	AME		STA	TE I.D. COD	DE
ADDRESS			JOB	1.D. NO	
					PHONE
This is to certify acceptance of the above	•				· ·
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY 5. DAYTON LA	NUFIL				
ADDRESS		0 111 /1			
This is to certify completion of treatment	v	<i>r</i>			PHONE
your records. Forward white copy to	_				-
Signature		•		•	•
					



EMERGENCY INFORMATION				SCAI	SCALE INFORMATION		
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D.O.T. SHIPPING-DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION		
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□ RECLAMATION □ IN	NCINERATION	T/LANI	DFILL	□ОТН	ER (Specify)		
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OF MEDIATOR				ATION 000	ENO. OHD 060428561		
GENERATOR DATE SI COMPANY NAMEDELCO_MORAIN					E NO		
ADDRESS 1400 MICOONS	WIND DLAWS		PI	BCHASE OB	DER		
CITY DAYTON This is to certify that the above period m	STATE	~~··	AP AD 1	ZIP	PHONE		
This is to certify that the above hamed in	iateriais are property cia	3311160, 06361106	u, packageu,	IIIai keu aliu	labeled, and are in proper condition for		
transportation according to the companies	it regulations of the De	epartment of Tra	nsportation	and the EPA	. Keep gold copy for your records.		
Signature cardo	Print N	Name	EAKL	<i>X X</i>	Phone 227-639/		
TRANSPORTER	Care	EP	A IDENTIFIC	ATION NO.			
COMPANY	SIME		ST	ATE I.D. COL	DE		
ADDRESS			JO	B I.D. NO	· · · · · · · · · · · · · · · · · · ·		
CITY							
This is to certify acceptance of the above	·	• •			· · ·		
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·		Date Received		
TREATMENT/DISPOSAL FACILITY / COMPANY ACT TO	N LAND	E, (CEP	A IDENTIFIC	ATION COD ATE I.D. NO.	E NO		
ADDRESS		\(\) \\ -	JOI	B NO			
CITY	STATE	UH,O		ZIP	PHONE		
This is to certify completion of treatment your records. Forward white copy to	_	•					
Signature	Print N	Name		-,	Date		
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EMERGENCY INFORMATION				SCAL	E INFORMATIO	N
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	SHIPPI	ING INFORM	ATION			
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ADDITIONAL						
INFORMATION:				•	•	
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	HIPPED					
COMPANY NAME DELCO MORAII	NE DIV. GMC		ST	ATE I.D. NO.		
ADDRESS1420 WISCONS						
CITY DAYTON	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named m transportation according to the approximation according to the approximation according to the approximation according to the above named m						
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TRANSPORTER	<i>-</i> 1 - 1				· · · · · · · · · · · · · · · · · · ·	
COMPANY		 			DE	
CITY	STATE				BHONE	1
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TREATMENT/DISPOSAL FACILITY	1	EP.	AIDENTIFIC	ATION COD	E NO	
COMPANY S.JAVTOA	1 InNEFILL		ST	ATE I.D. NO.		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	·	JOI	B NO		
					PHONE	
This is to certify completion of treatment	t, storage, reclamation,					
your records. Forward white copy to				pon receipt	of signed copy of th	is manifest.
Signature	Print N	Name	<u>en de fan '</u> Frans		Date	



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	MATE	RIAL DISPOS	NON		<u> </u>	
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ADDITIONAL INFORMATION:						
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GENERATOR DATE S COMPANY NAME DILCO MORAIN						
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ADDRESS 1 20 WISCONS CITY DAYTON	STATE		Z	IP	PHONE	
This is to certify that the above named m	iaterials are properly cla	ssified, describe	d, packaged, n	narked and	labeled, and are in proper condition to	
transportation accord 19 00000000000000000000000000000000000	ele regulations of the De	epartment of Tra	ansportation a	nd the EPA	. Keep gold copy for your records.	
transportation accor如d的的轮轮路64 Signature	Print N	lame	1. 4	v'	Phone 7: 741	
TRANSPORTER		EP	A IDENTIFICA	TION NO.		
COMPANY	5200		STA	TE I.D. COI	DE	
ADDRESS						
CITY	STATE		Z	IP	PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. App	ropriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY COMPANY		EP	A IDENTIFICA	TION COD	E NO	
ADDRESS	,					
					PHONE	
This is to certify completion of treatmen your records. Forward white copy to	_	•			•	
Signature						
Signature	Print P	tarrie			Uale	



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. AF IOF

EMERGENCY INFORMATION				SCAL	E INFORMATION
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e **	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ IN	NCINERATION	X LANI	OFILL	OTHE	ER (Specify)
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INFORMATION:					
		ERTIFICATIO			-110-1500-5001
GENERATOR DATE S COMPANY NAME DELCO MORAIN					ENO.OHD 060928561
ADDRESS1120 WISCONS	IN DIVO		SIA	L I.D. NO.	DER
CITY DAYTON	STATE	0.110	FUN	P	PHONE .
This is to certify that the above named m	aterials are properly cla	Ssified, describe	d. packaged. m	arked and I	abeled, and are in proper condition for
transportation accord Ad D 06093856					
Signature	Print N	Name	REAR	TON	Phone 2276391
TRANSPORTER					
COMPANY	-SAME				DE
ADDRESS					
CITY	STATE		Z	P	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your red	ords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	/	EP/	A IDENTIFICA	TION CODE	E NO
COMPANY	TON LANDE	116	STAT	E I.D. NO.	LINO.
ADDRESS					
CITY DAYTON	STATE	0410	•		PHONE
This is to certify completion of treatment your records. Forward white copy to	_	•			- · · · · · · · · · · · · · · · · · · ·
Signature	_			•	
oignature	Print N	varne		·	Date



□ HAZARDOUS Ď NON—HAZARDOUS Ď WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO)TIFY:	(KARLLY)		TRA	LER NO.	TRACTOR NO.
	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATER	IAL DESCRIPTION
Now HAZ		30 540			10101	BOXES
	MATE	RIAL DISPOS	SITION	 	4	
□ RECLAMATION □ I	NCINERATION	Y LAN	DFILL		ER (Specif	·v)
ADDITIONAL						,,
INFORMATION:						
		ERTIFICATIO			O.A	0060928561
GENERATOR DATE S COMPANY NAME DELCO MORAL	NE DIV. GMC	<u> д — Е</u> Р	A IDENTIFIC STA	ATTON COL ATT I.D. NO)E NO. 42/3	0000.000
ADDRESS ADDRESS	CINI BLVD		PUI	JRCHASE ORDER		
CITY	STATE	OHIO	45401	ZIP PHONE, narked and labeled, and are in proper condition for		
transportation according to the appress						
Signature	Print N					one 227/391
TRANSPORTER	\	EP.	A IDENTIFIC	ATION NO.		· .
COMPANY			STA	ATE I.D. CO	DE	
CITY						
This is to certify acceptance of the abo	·	, ,		• •		
Signature	.•					
TREATMENT/DISPOSAL FACILITY COMPANY	an Lane	EP.	A IDENTIFIC	ATION COD	DE NO	
ADDRESS	an freeze		STA	ATE I.D. NO.	<u> </u>	
ADDRESS	STATE (2410	JOE	2 NU ZIP	DH	ONF
This is to certify completion of treatmen						
your records. Forward white copy to	-	•	•		-	
Signature	Print N	Name			Dat	e
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IN CASE OF EMERGENCY, NO	TIFY:	reparted		ILER NO. TRACTOR NO.		
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
NON LAZ,		30 YES.		WOOL-BOXES BANK		
						
	MATER	RIAL DISPOS	ITION			
□ RECLAMATION □ IN	NCINERATION	LANI	OFILL OTH	HER (Specify)		
ADDITIONAL INFORMATION:						
	CE	RTIFICATIO	N			
GENERATOR DATE S	HIPPED 5-	EP/	A IDENTIFICATION CO	DE NO. 01/2030728561		
COMPANY NAMEDELCO_MCRAIN						
ADDRESS1-120_WISCONS	STATE	 	PURCHASE O	RDER		
CITYDAYTON This is to certify that the above named m	aterials are properly cla	OHIO	45401 ZIP	labeled, and are in proper condition for		
transportation according to 46092856						
Signature		·				
TRANSPORTER						
COMPANY	SAME			DDE		
ADDRESS						
CITY	STATE		ZIP	PHONE		
This is to certify acceptance of the above	•	• •		•		
Signature	Print N	lame		Date Received		
TREATMENT/DISPOSAL FACILITY	/	EPA	IDENTIFICATION CO	DE NO		
COMPANY	TON LAN'T	5/11	STATE I.D. NO)		
ADDRESS	· · · · · · · · · · · · · · · · · · ·					
CITY				PHONE		
This is to certify completion of treatment your records. Forward white copy to	•	-				
Signature	Print N	lame		Date		

GOI D-GENERATOR



□ HAZARDOUS ➡ NON—HAZARDOUS ➡ WASTE □ RECLAIMABLE MATL. NO. 44118

EMERGENCY INFORMATION				SCALE INFORMATION		
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	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
NON MAZ		30 y/3			SOFIAP WOOD	
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	MATE	DIAL DICEO	DITION	i		
		RIAL DISPOS		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
□ RECLAMATION □ II	NCINERATION	⊭ LAN	DFILL	OTH	ER (Specify)	
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		FOTIFICATIO				
		ERTIFICATIO			ENO. (14) 060928561	
GENERATOR DATE S COMPANY NAME DELCO MORAIN						
ADDRESS1120 WISCONS					DER	
CITYDAYTON	STATE	- AIIIA -		ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	Stified, describe	d, packaged,	marked and l	abeled, and are in proper condition for	
transportation according to 06092856						
Signature	Print N	Name	MEARS	<i>0</i> √	Phone 227 6391	
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
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ADDRESS						
CITY						
This is to certify acceptance of the above	· ·	• •	• •	15.15		
Signature	Print N					
TREATMENT/DISPOSAL FACILITY COMPANY	Lowers	EP.	A IDENTIFIC	ATION COD	E NO	
CITY A.70N	STATE	011.15	JOI	3 NU	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to						
Signature	Print N	Name	·	————————————————————————————————————	Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION
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IN CASE OF EMERGENCY, NO	TIFY:	KEX1300		TRAI	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	LAN	DFILL	□ OTHI	ER (Specify)
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED <u>6/2-</u> E DIV. GMC	85 EP	A IDENTIFICA	ATION COD	ENO. OND 060 92 8561
ADDRESS 1120 WISCONS	IN BLVD.		PUF	CHASE OR	DER
CITYDAYTON	STATE	OHIO	-45401	ZIP	PHONE
This is to certify that the above named m	aterials are properly clá	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according to the application					
Signature	Print N	lame			Phone
TRANSPORTER					
COMPANYSAM	1 §				DE
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the above					
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY		ED	A IDENTIFIC	ATION COD	E NO
COMPANY S. DAYTON	/ AND FILL	Er.	STA	TEID NO	E NO.
					PHONE
This is to certify completion of treatmen	· · · · · · · · · · · · · · · · · · ·				
your records. Forward white copy to					
Signature	Print N	lame			Date



□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN ONO OF EMENGENCY, NO	7					
\$	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
NON Maz		30-11:			SCRAP WOOD	
	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	NCINERATION		DFILL	OTH	ER (Specify)	
	101112111111111111111111111111111111111				211 (Opcony)	
ADDITIONAL INFORMATION:						
						
	,	ERTIFICATIO				
					ENO. 1431160928561	
COMPANY NAME DELCO MORAIN						
ADDRESS1120 WISCONS	SIN BLVD.		PUF	TORAGE OR	PHONE :	
CITY	aterials are properly cla	OHIO skifted describe	45401 d. packaged.	marked and I	abeled, and are in proper condition for	
transportation according to the Opp 85 at						
					Phone 27 6391	
TRANSPORTER						
COMPANY	JAM.	and the second s			DE	
ADDRESS						
CITY	STATE		:	ZIP	PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	_ /	EP.	A IDENTIFICA	ATION COD	E NO	
COMPANY						
ADDRESS		c:1111	JOE	3 NO		
,					PHONE	
This is to certify completion of treatment your records. Forward white copy to	•	•			· · ·	
Signature		-		-	Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1/1/1/2/2

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY A POR	vs Jour		TRAI	LER NO. TRACTOR NO.	
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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ADDITIONAL				·		
INFORMATION:						
		RTIFICATIO				
GENERATOR DATE SH	HIPPED	> EFS EP	IDENTIFICA	TION COD	ENO. OHD 06042856	
COMPANY NAMEDFLCO_MORAIN						
ADDRESS1120 WISCONS	IN BLVD.				DER	
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401	.IP	PHONE	
transportation accord间间 p geopared						
Signature Signature	Tegulations of the De	. 1	son le		Phone 227-639	
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ADDRESS					DE	
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This is to certify acceptance of the abov						
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY .	/	, EP/	IDENTIFICA	TION COD	E NO	
COMPANY	n LANDE	166	STA	TE I.D. NO.		
ADDRESS			JOB	NO		
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This is to certify completion of treatment	_	•				
your records. Forward white copy to	-		· .	·		
Signature	Print N	lame			Date	



□ HAZARDOUS MON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCALE INFORMATION		
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COMPANY NAME _DELCO_MORAIN			STA	ATE I.D. NO.		
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CITY	STATE	OHIO	45401	ZIP	PHONE	
transportation accordent to the above named in						
Signature	Print N				Phone 2276391	
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TRANSPORTER COMPANY	برا المراسي					
ADDRESS						
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This is to certify acceptance of the abo					·	
Signature		Name			Date Received	
TREATMENT/DISPOSAL FACILITY COMPANY	701 /nic	F11 (STA	TE I.D. NO.	L NO.	
ADDRESS			JOE	3 NO		
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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with	h appropriate	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame		_	Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 94133

EMERGENCY INFORMATION			SCA	LE INFORMATION
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ADDRESS 1:20 WISCONS	 -			
CITYDAYTON				
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according 06992866	le regulations of the De	epartment of Tra	insportation and the EPA	Keep gold copy for your records.
Signature	Print N	Name	-CENTON	Phone 2276391
TRANSPORTER		EPA	A IDENTIFICATION NO.	
COMPANY	- An	_		DE
ADDRESS			JOB I.D. NO	
CITY	STATE	· · · · · · · · · · · · · · · · · · ·	ZIP	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your records. App	ropriate placards were offered.
Signature	Print N	lame	•	Date Received
TREATMENT/DISPOSAL FACILITY				E NO
COMPANY	· 1 . 3 y . 6 19	1 3/1/	STATE I.D. NO.	
ADDRESS	7:4.4	-11	JOB NO	
ADDRESS	STATE	()//10	<u>/</u> ZIP	PHONE
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	•	=		* . ' '
Signature	Print N	lame		Date



ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. 44134

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ADDRESS1420_WISCON					DER
CITYDAYTON					× .
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transportation accord निर्मान मिल्निने निर्देश	ရှိ regulations of the D	epartment∞of-Tra			Keep gold copy for your records.
Signature	Print 1	Name	بمريخ سم	13. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Phone >=> /30/
TRANSPORTER	··	EPA	A IDENTIFICA	TION NO.	
COMPANY	/1	~~ E	STA	FE I.D. COE	DE
ADDRESS					· · · · · · · · · · · · · · · · · · ·
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This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	. / 6	EP/			E NO
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ADDRESS	TE STATE	20/1/	4 45		PHONE
This is to certify completion of treatmen		or disposal in ac	•-		
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Signature	Print N	Name		 	Date
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□ HAZARDOUS NON—HAZARDOUS X WASTE □ RECLAIMABLE MATL. NO. 47737

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GENERATOR DATE S COMPANY NAME DELCO MORAIN	E DIV CMC	EP.	A IDENTIFICA	TELD NO	ENO. ENO.
ADDRESS 1-120 WISCONS					DER
CITY	STATE	~···	45403	ZIP	PHONE
CITY DAYTON This is to certify that the above named n	naterials are properly cla	OHIO ssified, describe	45401 d, packaged, i	marked and l	abeled, and are in proper condition fo
transportation acco அமும் இத்திக்க	ble regulations of the D	epartment of Tra	ansportation a	ind the EPA.	Keep gold copy for your records.
Signature	Print N	Name	(Jens	230ml	Phone 2276391
TRANSPORTER C.C.		EP	A IDENTIFICA	ATION NO.	
COMPANY	JAME				DE
ADDRESS	·	**	JOE	I.D. NO	
CITY	STATE		2	<u>'</u> IP	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		. EP.	A IDENTIFICA	ATION COD	E NO
COMPANY	110N 610N	111	STA	TE I.D. NO.	
ADDRESS	· 				
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your records. Forward white copy to					
Signature	Print N	lame	·		Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. AHIST

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COMPANY NAME <u>DELCO MORAIN</u> ADDRESS <u>1120 WISCONS</u>	IN DIVO	·	PURC	HASE OR	IDER
CITY	STATE	~~~	ZIP). 	PHONE
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transportation according Do One Da 28 546	7				
Signature	Print N	Name	FAC.	0.0	Phone <u>227 6391</u>
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ADDRESS					
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This is to certify acceptance of the abov	•				ropriate placards were offered Date Received
Signature	Print N				
TREATMENT/DISPOSAL FACILITY COMPANY	· Prome				E NO
ADDRESS					
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your records. Forward white copy to		of your invoice	will begin upor	n receipt	
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□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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GENERATOR DATE S COMPANY NAME DELCO MORAIN					ENO.(2) (30)25)51	
ADDRESS1420 WISCONS	SIN BLVD.		PU	RCHASE OR	DER	
This is to certify that the above named in transportation according to 06092855	naterials are properly cla Le regulations of the D	ssified, describe epartment of Tr	d, packaged, ansportation	marked and I and the EPA	Keep gold copy for your records.	
Signature	Print N	Name	18 13	<u> </u>	Phone 227639/	
TRANSPORTER COMPANY		EP	A IDENTIFIC	ATION NO.	<u> </u>	
ADDRESS					DE	
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo					•	
Signature	Print N	Name		<u> </u>	Date Received	
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TREATMENT/DISPOSAL FACILITY COMPANY	1 / BNIFIL	<u>C</u> .	ST/	ATE I.D. NO.		
ADDRESS A DAYT	a A		JOI	B NO	DHONE	
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This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name			Date	



□ HAZARDOUS ☼ NON—HAZARDOUS Ř WASTE □ RECLAIMABLE MATL. NO. 14/1/1/3

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COMPANT NAME						
ADDRESS1420 WISCONS		OLUO			DER	
CITYDAYTON	STATE				PHONE	
This is to certify that the above named m OHD 06092856 transportation according to the applicat	aterials are properly class 1 1 1 1 1 1 1 1 1 1 1 1	ssified, describe enartment of Tra	o, packaged, man ansportation and	the FPA	Keen gold copy for your records	
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Signature	Print		against the second		•	
TRANSPORTER COMPANY					DE	
ADDRESS	Anna		JOB I.C		•	
CITY	STATE		ZIP		PHONE	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your recor	ds. Appı	opriate placards were offered.	
Signature	Print N	lame			Date Received	
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COMPANY . JAYTO	MARIEN	·				
ADDRESS	<u>, </u>	-7//	JOB NO	D		
CITY		2/2/10			PHONE	
This is to certify completion of treatment your records. Forward white copy to						
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GENERATOR DATE SI COMPANY NAME DELCO MORAII	HIPPED 6 20 NE DIV. GMC	EP/	A IDENTIFICA	ATION CODI	ENO. (<u>1412-16109-2</u>	8 3/
ADDRESS 1420 WISCON	SIN BLVD.		PUR	CHASE OR	DER	
CITYDAYTON	STATE	_OHIO	<u>45401</u> _ z	IP	PHONE	·
This is to certify that the above named m	aterials are properly clas	ssified, describe	d, packaged, r	narked and l	abeled, and are in pr <mark>ope</mark> i	condition for
transportation according to the application						_ /
Signature	Print N	lame	18 6 0 m		Phone	1/2301
TRANSPORTER	,	EP/	A IDENTIFICA	TION NO		····
COMPANY	- X /		STA	TE I.D. COD	E	
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Signature						
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TREATMENT/DISPOSAL FACILITY COMPANY	, lauren	EP/	A IDENTIFICA	ITION CODE	E NO	<u> </u>
ADDRESS	·, E 10 y	· · · · · · · · · · · · · · · · · · ·		NO.		
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This is to certify completion of treatment	, storage, reclamation. o	or disposal in co	mpliance with	appropriate	regulations. Keep can	ary copy for
your records. Forward white copy to	-	•			•	
Signature	Print N	lame			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 141149

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\$ 5	SHIPPI	NG INFORM	IATION	<u>. </u>	
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GENERATOR DELCO MORAINE					ENO. 01 160928761
ADDRESS 1420 WISCONSIN					DER
CITY DAYTON	STATE :=		FUI	71P	PHONE .
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transportation according to the applical	ole regulations of the D	epartment of Tr	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print I	Name	TEN	DON	Phone 7-7 6391
TRANSPORTER					
COMPANY	CAME	C 1 .	STA	ATE LD. COD)F
ADDRESS			JOE	B I.D. NO	
CITY	STATE	· ·			
This is to certify acceptance of the about					
Signature	Print f	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	104 6 P.M.	FILL	STA	TE I.D. NO.	
ADDRESS	· · · · · · · · · · · · · · · · · · ·		JOE	NO.	
ADDRESS	TON STATE	0410	:	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wit	h appropriate	regulations. Keep canary copy for
your records. Forward white copy to	· -	•	-	•	• • • • • • • • • • • • • • • • • • • •
Signature	Print N	Name		· • • • • • • • • • • • • • • • • • • •	Date
					



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GENERATOR DELCO MORAL	HIPPED	EP/	A IDENTIFICA	ATION COD	ENO/ 1/ 060728161
I COMPANY NAME	NE DIV. GIVIC		STA	TE I.D. NO.	
ADDRESS 1420 WISCONS					DER
CITY DAYTON	STATE	DHO 34.	45401 Z	IP	PHONE
This is to certify that the above named recording to the application according to the applications.	aterials are properly cla	ssified, describe	d, packaged, r	narked and I	abeled, and are in proper condition for
transportation according to the applical	ple regulations of the De	epartment of Tra	insportation a	nd the EPA.	Keep gold copy for your records.
Signature/	Print N	lame	-68R	CON	Phone 227 6-91
TRANSPORTER	 2	EP	A IDENTIFICA	TION NO.	
COMPANY	HME		STA	TE I.D. COD	DE
ADDRESS					
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This is to certify acceptance of the above	•		-		, ,
Signature	Print N	lame		<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY_		EPA	A IDENTIFICA	TION COD	E NO
COMPANY					
ADDRESSCITY		c 1110	JOB	NO	
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This is to certify completion of treatment your records. Forward white copy to					
Signature					
					



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 44/5

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION						
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	SHIPPI	NG INFORM	ATION		T	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	k LANI	DFILL	□ OTHI	ER (Specify)	
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	•				ENO. CH 360072833/	
COMPANY NAME1420 WISCONS ADDRESS	SIM BLAD'		51/	RCHASE OR	DER	
CITY	SIATE .	<u> </u>	*#3401	ZIP	PHONE	
ADDRESS DAYTON CITY This is to certify that QHD 06092856	Derials are properly cla	ssified, describe	d, packaged,	marked and l	labeled, and are in proper condition for	
transportation according to the applical	bie regulations of the De	epartment of 1ra	ansportation	and the EPA.	. Neep gold copy for your records.	
Signature	Print N	Name	1 PARTO	5N	Phone <u>227-6391</u>	
TRANSPORTER	נייי	EP/			· · · · · · · · · · · · · · · · · · ·	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 14/15-6

EMERGENCY INFORMATION		· · · · · · · · · · · · · · · · · · ·	SCAI	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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1420 WISCONS	IN DIVID		STATE I.D. NO.	
			PURCHASE OR	DER
CITY	STATE	OHIO	45401 ZIP	PHONE
CITYDAYTON This is to certify that the Bboye 1928 56	aterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of tra	ansportation and the EPA	Keep gold copy for your records.
Signature	Print N	lame	1600 B 200	Phone
TRANSPORTER		EP.	A IDENTIFICATION NO.	
COMPANY	AM	1 <u>E.</u>	STATE I.D. COL	DE
ADDRESS			JOB I.D. NO	<u> </u>
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your records. Appr	ropriate placards were offered.
Signature	Print N	lame		Date Received
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. [A.4.5]

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aterials are properly cla	ssified, describe	d, packaged, r	marked and l	labeled, and are in proper condition for
le regulations of the D	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
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□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. 14/16/2

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GENERATOR DELCO MORAL	NE DIV. GMC	EP/	A IDENTIFICAT STATE	ETD NO	ENO. (14) 060928 161
ADDRESS THEO MISCOIN	SIN BLVD.		PURC	HASE OR	DFR
CITY DAYTON	STATE	-OHIO	-45401- ZIF	·	PHONE
This is to certify that the above named m OHD 0609285, transportation according to the applicat	aterials are properly cla	ssified, describe	d, packaged, ma	rked and	labeled, and are in proper condition for
transportation according to the application	ole regulations of the Do	epartment of Tra	insportation and	the EPA	Keep gold copy for your records.
Signature	Print N	Name	_ (EAR SOM		Phone <u>207 6391</u>
TRANSPORTER					
COMPANY	1 A= 1	_			DE
ADDRESS					
CITY This is to certify acceptance of the above					PHONE
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TREATMENT/DISPOSAL FACILITY COMPANY	on passe				E NO
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CITY DAY TO	Y STATE	7/10			PHONE
This is to certify completion of treatmen		or disposal in co			
your records. Forward white copy to					and the second s
Signature		=		-	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 14/13

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GENERATOR DATE SI	HIPPED	EP/	DENTIFICATION	N CODE	NO.DEC 060928161
COMPANY NAME DELCO MORAIN	N DIVO		STATE I.I	D. NO	
ADDRESS1420 WISCONSI	N BLVD.	OHIO	PURCHA	SE ORD	PHONE
CITY DAYTON This is to certify that the above named m					
transportation accor 0110006092856					
					Phone 107/5291
TRANSPORTER		EO	LIDENITICIOATION	U NIO	
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ADDRESS			JOB I.D.	NO	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	by for your records	s. Appro	priate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EPA	IDENTIFICATION	N CODE	NO
COMPANY	1 lastil	<u>'</u>	STATE I.I	D. NO	
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This is to certify completion of treatment your records. Forward white copy to					
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Signature	Print N	lame		•••	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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GENERATOR DATE SI	HIPPED 6 3	EP.	A IDENTIFICATIO	N CODI	ENO(11)060728561	
ADDRESS						
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transportation according to the applicate	Le regulations of the De	epartment of Tra	insportation and t	he EPA.	Keep gold copy for your records.	
Signature	Print N	Name	SEPROON		Phone 2076391	
TRANSPORTER		. EP	A IDENTIFICATIO	N NO.	<u> </u>	
COMPANY	NO 4 MOS	·	STATE I	.D. COD	DE	
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Signature	•				•	
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ADDRESS			JOB NO	.D. NO.		
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This is to certify completion of treatment	, storage, reclamation,	or disposal in co	mpliance with app	propriate	regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing (of your invoice	will begin upon	receipt	of signed copy of this manifest.	
Signature	Print N	lame		+	Daté	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 14/1/45

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	CE	RTIFICATIO	N	198 (3)	
					ENO. 04 166928161
COMPANY NAME DELCO MORAIN ADDRESS 1120 WISCONS	E DIV. GMC		STAT	E I.D. NO. CHASE OR	DER
CITY	STATE		ZI	P	PHONE
CITY					
transportation accor@htDo06092856					
Signature	Print N				Phone 227 (301
TRANSPORTER COMPANY		EP/	A IDENTIFICAT	TION NO.	
ADDRESS)E
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This is to certify acceptance of the above					
Signature	Print N	lame			Date Received
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COMPANY	104 / 19138	10	STAT	E I.D. NO.	·
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□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO.

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					ENO. (24) 0609.	
COMPANY NAME DELCO MORAIN	IN DIVIS		S1 <i>F</i>	ATE I.D. NO.		
CITY	STATE		FUI	71P	PHONE	
ADDRESS 1420 WISCONS CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified describe	45401 d. packaged.	marked and l	abeled, and are in proper	condition for
transportation according to पेस्टिक्किकि	le regulations of the De	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for yo	our records.
Signature	Print N	Name	PARM) N	Phone	16:91
TRANSPORTER					· · · · · · · · · · · · · · · · · · ·	•
COMPANY	1-1E				E	
ADDRESS						
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were of	fered.
Signature	Print N	lame			Date Received	·
TREATMENT/DISPOSAL FACILITY	•	EP.	A IDENTIFIC	ATION CODI	E NO	
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ADDRESS1420 WISCON	SIN-BLVD.		PURCHA	ASE ORDER
CITYDAYTON	STATE	OHIO -	- 45401 ZIP -	PHONEed and labeled, and are in proper condition for
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marke	ed and labeled, and are in proper condition for
Transportation according to the appress	ولع regulations of the D	epartment of in	ansportation and ti	he EPA. Keep gold copy for your records. Phone 227639
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This is to certify acceptance of the about				· · · · · · · · · · · · · · · · · · ·
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TREATMENT/DISPOSAL FACILITY				
COMPANY	W 600180	· /	STATE I	N CODE NO D. NO
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CITY 2770	STATE	OHIU	ZIP _	PHONE
•	t, storage, reclamation,	or disposal in co	ompliance with app	propriate regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon i	receipt of signed copy of this manifest.
Signature	Print N	Name		Date
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□ HAZARDOUS Å NON—HAZARDOUS ∯ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION		······································		SCAL	E INFORMATION
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COMPANY NAME	•				·
ADDRESS					
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This is to certify that the above named m					
transportation according to the applicat					
Signature	Print N	Name	y KATA	18801	Phone 207/39/
TRANSPORTER		EP/	A IDENTIFICA	ATION NO	
COMPANY					DE
ADDRESS					
CITY					·
This is to certify acceptance of the above	•	• •			· ·
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TREATMENT/DISPOSAL FACILITY _		EP/	A IDENTIFICA	ATION CODI	E NO
COMPANY	V 1 8 11 / 11	<u> </u>	STA	TE I.D. NO.	
ADDRESS	STATE	0200	JOB -	NO	PHONE
This is to certify completion of treatment					
your records. Forward white copy to	=	•			•
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□ RECLAMATION □ I	NCINERATION	X LAN	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:				,	
	C	ERTIFICATION	ON		
GENERATOR DATE S COMPANY NAME DELCO MORAL	HIPPED _ 7-1-8	5 EP	A IDENTIFIC	ATION COD	ENO. OH DOGUGE 356/
COMPANY NAMEDELCO_MORAT	E DIA CEG		ST	ATE I.D. NO.	·
ADDRESS					
CITY	STATE	<u> </u>	4540I	ZIP	PHONE
This is to certify that the above named n	naterials are properly cla	issified, describe	ed, packaged,	marked and I	labeled, and are in proper condition
transportation according to the appress					
Signature mul	Print I	Name	1102		Phone 227-63
TRANSPORTER	` M C				
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ADDRESS					
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This is to certify acceptance of the abo	-				
TREATMENT (DIRECTOR OF THE COLUMN					
COMPANYS. Vari	on LANDE	116	ST.	ATE LD NO.	E NO
ADDRESS	· ·		JO	B NO.	
• • • • • • • • • • • • • • • • • • •	STATE	OHIO			PHONE
This is to certify completion of treatment your records. Forward white copy to	t, storage, reclamation,	•	ompliance wit	th appropriate	e regulations. Keep canary copy
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Signature	Print N	Name			Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1415

EMERGENCY INFORMATION		<u> </u>		SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER T	YPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	¢ LANI	OFILL 0	OTHE	ER (Specify)
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	CI	ERTIFICATIO)N		
GENERATOR DATE S				4 COD	ENO. 011060978361
GENERATOR DATES COMPANY NAME DELCO MORALI	IE DIV. GMC				
ADDRESS1_10 WICCONS	SIN BLVD.		PURCHA	SE OR	DER
	STATE				PHONE
This is to certify that the above named in					
transportation accord by the application according to the according to the according				e EPA.	Phone 27.639
Signature	Print N	Name			
TRANSPORTER	SAME				·
COMPANY					
CITY					
This is to certify acceptance of the abo					
Signature					
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TREATMENT/DISPOSAL FACILITY	Lordfill	EPA	IDENTIFICATION	CODI	E NO
ADDRESS	<u> </u>		STATE I.L	J. NO.	
	STATE /				PHONE
This is to certify completion of treatmen	•				
your records. Forward white copy to					
Signature	Print N	lame	·		Date
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□ HAZARDOUS INON—HAZARDOUS Y WASTE □ RECLAIMABLE MATL. NO. 4778

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY: Marion	,		TRAI	LER NO. TRACTOR NO.	
	SHIPPI	NG INFORM	IATION		·	
DOT SUIDDING DESCRIPTION	HAZARD CLASS	1	г	LED TYPE	MATERIAL DECORIDATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN		MATERIAL DESCRIPTION	
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	MATE	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	LAN		 □OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
	CI	ERTIFICATION)N			
GENERATOR DATE S				ATION COD	ENO. 0111 060 924561	
COMPANY NAME Acto AND	UME DIV. GM	<u> </u>	ST/	ATE I.D. NO.		
ADDRESS $-1920 \omega_{15}$	CONSIN BLUB		PUI	RCHASE OF	DER	
CITY	STATE	0410		ZIP	PHONE	
This is to certify that the above named in transportation according to the applical	ole regulations of the De		ansportation a			
Signature	Print N				• •	
TRANSPORTER	A-m 5				DE	
ADDRESS			JOE	3 I.D. NO	DUONE	
This is to certify acceptance of the abo						
Signature		* *		• •		
TREATMENT/DISPOSAL FACILITY	, , , , , , , , , , , , , , , ,				E NO.	
COMPANY	IANAFRE	t t	A IDENTIFICA STA	ATTON COD	E INU	
ADDRESS						
CITY APYTOR	STATE				PHONE	
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	_	-	_	•		
Signature	Print N	iame			Date	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. AFTE

EMERGENCY INFORMATION			SCA	LE INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION			
				
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GENERATOR DELCO MODATEIS				DE NO. OHOUNC97857/
COMPANY NAME 1-120 WISCONSIN	UIVE GMC/		STATE I.D. NO)
			PURCHASE O	RDER
CITYDAYTON	STATE	HIQ 4	5401 zip	PHONE
This is to certify the the tiggen and the transfer of the tran	aterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according to the applicab	ole regulations of the De	epartment of Tra	insportation and the EPA	A. Keep gold copy for your records.
Signature	Print N			Phone
TRANSPORTER	7 A 5			
COMPANY	Ami		STATE I.D. CO	DE
				PHONE
CITY This is to certify acceptance of the above				
Signature	•	• •		· · · · ·
	Print N			
COMPANY	witi / Hamis	EP/	A IDENTIFICATION COL	DE NO
ADDRESS	4000	7/1	STATE I.D. NO	
CITY	STATE	OHIO	JUB NO 71P	PHONE
This is to certify completion of treatment				
your records. Forward white copy to	•	•	· · · · · · · · · · · · · · · · · · ·	-
Signature	-	-	·	



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 14/186

EMERGENCY INFORMATION				SCAL	E INFORMATION
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	SHIPPI	NG INFORM	IATION		
DO.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINI	ER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:					
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GENERATOR DELCO MODATES	HIPPED 7-2	> EP	A IDENTIFICA	TION COD	ENO. 04 6 60918561
COMPANY NAME 1:20 WISCONSII	DIV. GMC		STA	TE I.D. NO.	
710011200			PUR	CHASE OR	DER
CITY DAYTON This is to certify th的地面 破份的2856们	STATE	HIQ	45401 Z	IP	PHONE
This is to certify the pure above 2856 for transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged, n	narked and I	abeled, and are in proper condition for
Cianture Cianture	ole regulations of the Di	epartinent of Tra	ansportation a	no the EPA.	Reep gold copy for your records.
	Print r				Phone
TRANSPORTER COMPANY					DE
CITY					
This is to certify acceptance of the abo					
Signature	Print N	lame			Date Received
TREATMENT/DISPOSAL FACILITY/	,				E NO
COMPANY 5 Dayton	LANDFILL				
ADDRESS					
CITY	STATE	0H10	Z	IP	PHONE
This is to certify completion of treatmen	_				-
your records. Forward white copy to	• -	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame	· 		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 47777

EMERGENCY INFORMATION				SCALE INFORMATION
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	SHIPPI	NG INFORM	ATION	<u></u> -
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ADDITIONAL INFORMATION:				
THE CHIMATION.				
		RTIFICATIO		
GENERATOR DELCO MORAIN	HIPPED 72			N CODE NO. OHO OLO 984561
COMPANY NAME 1:20 WISCONS	IN DIVE			D. NO
I DAYTON				SE ORDER
CITY DAY ION	STATE	OHIO describe	ZIP d 45403 hed_marke	PHONE ed and labeled, and are in proper condition fo ne EPA. Keep gold copy for your records.
transportation according to the applical	ole regulations of the De	epartment of Tra	ansportation and th	ne EPA. Keep gold copy for your records.
Signature	wh Print N	Name M.	سرن	Phone 227-639/
TRANSPORTER				N NO
COMPANY	IM E.		STATE I.I	D. CODE
ADDRESS			JOB I.D. I	NO
CITY	STATE		ZIP	NO PHONE
This is to certify acceptance of the above				
Signature	Print N	lame		Date Received
TREATMENT/DISPOSAL FACILITY	_	EPA	A IDENTIFICATION	N CODE NO.
COMPANY 5. BASTON	MANDELL		STATE I.I	D. NO
ADDRESS			JOB NO.	
	•			PHONE
	_			ropriate regulations. Keep canary copy for
	-		-	eceipt of signed copy of this manifest.
Signature	Print N	lame		Date



EMERGENCY INFORMATION			sc	ALE INFORMATION
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ADDITIONAL				(3)
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COMPANY NAME	PRINS BIV C	mi		0
ADDRESS _ 180 WISCH			PURCHASE (DROER
CITY DAYTON	STATE	UITTO	ZIP	YU PHONE
				d labeled, and are in proper condition for
transportation according to the applicat	_			
Signature	Print N	Name	7,1100	Phone 277639/
TRANSPORTER		EP	A IDENTIFICATION NO)
COMPANY	Am Z			ODE
ADDRESS			JOB I.D. NO.	
CITY This is to certify acceptance of the above	-			PHONE
Signature	•	• •		· · ·
	FIIII P			
TREATMENT/DISPOSAL FACILITY	1 ANDE			DDE NO
ADDRESS			STATE I.D. N	U
CITY	STATE			PHONE
This is to certify completion of treatment				
your records. Forward white copy to	_	•		• • • • • •
Signature	Print N	lame		Date
				



□ HAZARDOUS → NON—HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO.

IN CASE OF EMERGENCY, NOTIFY: IN CASE OF EMERGENCY, NOTIFY: SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION D. RECLAMATION D. INCINERATION LANDFILL DOTHER (Specify) ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED P. P. P. P. P. P. P. P. P. P. P. P. P.	EMERGENCY INFORMATION				SCA	E INFORMATION
IN CASE OF EMERGENCY, NOTIFY: SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION RECLAMATION DINCINERATION ALANDFILL DOTHER (Specify) ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED PATON COMPANY NAME LOO MORAINE DIV. GMC STATE LD. NO. ADDRESS DO WISCONSIN BLVD. CITY DAYTON STATE OHIO 454012 ZIP PHONE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to 660493656 regulations of the Department of Transportation and the EPA. Keep gold copy for your record Signature Print Name Phone 202 2 339. TRANSPORTER	IMMEDIATE RESPONSE INFOR	RMATION				
IN CASE OF EMERGENCY, NOTIFY: SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION RECLAMATION DINCINERATION LANDFILL DOTHER (Specify) ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED 78 EPA IDENTIFICATION CODE NO CHI DIGGIZE IS I COMPANY NAME LOO MORAINE DIV. GMC STATE LD. NO. ADDRESS DO WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON STATE OHIO 454012 MICH DEPLACED COMPANY IN THE PROPERTY CLASSIFIED, described, packaged, zer per poly classified, described, packaged, zer poly gold copy for your record Signature Print Name Print Name Print Name Phone 202 (339) TRANSPORTER PINT Name Print Name Phone 202 (339) FRANSPORTER		-,/	•	·		
IN CASE OF EMERGENCY, NOTIFY: SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION RECLAMATION DINCINERATION LANDFILL DOTHER (Specify) ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED 78 EPA IDENTIFICATION CODE NO CHI DIGGIZE IS I COMPANY NAME LOO MORAINE DIV. GMC STATE LD. NO. ADDRESS DO WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON STATE OHIO 454012 MICH DEPLACED COMPANY IN THE PROPERTY CLASSIFIED, described, packaged, zer per poly classified, described, packaged, zer poly gold copy for your record Signature Print Name Print Name Print Name Phone 202 (339) TRANSPORTER PINT Name Print Name Phone 202 (339) FRANSPORTER	1	loN 1/0 🗷	AK!OUS			· ·
TRAILER NO. TRACTOR NO. SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION DRECLAMATION DINCINERATION LANDFILL DOTHER (Specify) ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED 7-85 EPA IDENTIFICATION CODE NO CHE DISPOSITION COMPANY NAME LOO MORAINE DIV. GMC STATE LD. NO. ADDRESS LOO MORAINE DIV. GMC STATE LD. NO. PURCHASE ORDER CITY DAYTON STATE OHIO 45401 ZIP PHONE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation accord 150 000 000 000 000 000 000 000 000 000					NFT	WT
SHIPPING INFORMATION D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIAL DESCRIPTION MATERIAL DISPOSITION		()	Carrier	·		
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MATERIAL DISPOSITION □ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify) □ ADDITIONAL INFORMATION: □ CERTIFICATION GENERATOR □ DATE SHIPPED □ - 7 - 8 5 EPA IDENTIFICATION CODE NO ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	NON HAZ		301/15			TOYET CANDERA
ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED OMPANY NAME LCO MORAINE DIV. GMC ADDRESS DAYTON STATE DAYTON STATE STATE STATE STATE OHIO DAYTON STATE OHIO This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to 060000000000000000000000000000000000	1 4 / 5		7,13		·	Last at 1 (Miles Canal
ADDITIONAL INFORMATION: CERTIFICATION GENERATOR DATE SHIPPED OMPANY NAME LCO MORAINE DIV. GMC ADDRESS DAYTON STATE DAYTON STATE STATE STATE STATE OHIO DAYTON STATE OHIO This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to 060000000000000000000000000000000000						
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GENERATOR GENERATOR DATE SHIPPED COMPANY NAME LCO MORAINE DIV. GMC ADDRESS DAYTON This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according to the Department of Transportation and the EPA. Keep gold copy for your record Signature Print Name Print Name CERTIFICATION EPA IDENTIFICATION NO.		· · · · · · · · · · · · · · · · · · ·				
GENERATOR DATE SHIPPED GENERATOR COMPANY NAME LCO MORAINE DIV. GMC STATE I.D. NO. PURCHASE ORDER CITY DAYTON STATE OHIO 45401 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation accorded to 060000000000000000000000000000000000	I	e experience		ermant equit to a gallede		- 448-4
GENERATOR DATE SHIPPED GENERATOR COMPANY NAME LCO MORAINE DIV. GMC STATE I.D. NO. PURCHASE ORDER CITY DAYTON STATE OHIO 45401 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation accorded to 060000000000000000000000000000000000						
COMPANY NAME DECOMPANE DIV. GMC STATE I.D. NO. ADDRESS						01/01/04055/1
ADDRESS						
CITY DAYTON STATE DHIQ 45401 ZIP PHONE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation according 0.60998561e regulations of the Department of Transportation and the EPA. Keep gold copy for your record Signature Print Name Phone 227 6391 TRANSPORTER EPA IDENTIFICATION NO.						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition transportation accorded to the Department of Transportation and the EPA. Keep gold copy for your record Signature Print Name EPA IDENTIFICATION NO.						
transportation accord to the Department of Transportation and the EPA. Keep gold copy for your record Signature Print Name	DAYTON This is to certify that the above named m	aterials are properly cla	Ssified, describe	- g34∪↓ d. packaged.	marked and I	abeled, and are in proper condition for
TRANSPORTER EPA IDENTIFICATION NO.				_		
TRANSPORTER EPA IDENTIFICATION NO.	Signature	Print 1	Name	SITCE	AR BON	Phone 327 6391
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		SAME				
ADDRESS JOB I.D. NO	ADDRESS			JOE	3 I.D. NO	
CITY STATE ZIP PHONE	CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
Signature Print Name Date Received	Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY / EPA IDENTIFICATION CODE NO.	TREATMENT/DISPOSAL FACILITY	1	EPA	A IDENTIFICA	ATION COD	E NO
COMPANYSTATE I.D. NO	COMPANY	H JANIAIC	<u> </u>	STA	TE I.D. NO.	<u> </u>
ADDRESS JOB NO.	ADDRESS			JOE	3 NO	·
·	•					
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy to the second of						
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	your records. Forward white copy to	generator. Processing	ot your invoice	wiii begin u	pon receipt	of signed copy of this manifest.
Signature Print Name Date	Signature	Print N	lame		· · · · · · · · · · · · · · · · · · ·	Date



□ HAZARDOUS NON-HAZARDOUS DE WASTE □ RECLAIMABLE MATL. NO. 44/195

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION					
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IN CASE OF EMERGENCY, NOTIFY:			TRAI	TRAILER NO. TRACTOR NO.	
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	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify)					
ADDITIONAL INFORMATION:					
	<u>C</u> 1	ERTIFICATIO			
GENERATOR DATE S				5NO(1) 0/092 8561	
GENERATOR DATE SHIPPED					
ADDRESS 1-20 WISCONSIN BLVD. PUR					
CITY STATEOHIO ZIP PHONE					
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition fo					
transportation accord 0410 060928564 regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature Print Name Print Name Phone 3716391					
TRANSPORTER EPA IDENTIFICATION NO.					
COMPANY STATE I.D. CODE					
ADDRESS JOB I.D. NO CITY STATE ZIP PHONE					
This is to certify acceptance of the about	-		• •		
Signature		•			
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO					
COMPANY STATE STATE STATE			STATE I.D. NO.	-	
AUUHESS	STATE	01/11	JOB NO)	PHONE	
This is to certify completion of treatmen	storage reclamation				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature Print Name Date					
Date					



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAI	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
					
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IN CASE OF EMERGENCY, NO	TIFY:	600 m 1/2		TRAI	LER NO. TRACTOR NO.
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	CHIDDI	NG INFORM	ATION		
<u> </u>		T	ATION		T
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	LAN	OFILL	□ OTHI	ER (Specify)
ADDITIONAL			the state of the s		: 195
INFORMATION:					· 175 ·
		ERTIFICATIO			
					ENO! 4 060928 61
COMPANY NAME DELCO MORAIN					
ADDRESS1420 WISCONS					
CITY DAYTON This is to certify that the above named m	STATE	OHIO -	45401	ZIP	PHONE
transportation according to the above married in	laterials are properly cla	ssilled, describe enartment of TY	u, packayeu, i Trenortation a	and the FPA	Keen gold copy for your records
Signature	É DIE DE	de	(m. 200)	9 m/	Phone 227 6391
. / 4 /	Print r				
TRANSPORTER COMPANY					<u> </u>
ADDRESS	·•				DE
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This is to certify acceptance of the above					· · · · · · · · · · · · · · · · · · ·
Signature	·				•
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TREATMENT/DISPOSAL FACILITY COMPANY	Lawrence				E NO
ADDRESS			 AOI.	NO	
ADDRESS	Tay_ STATE	0410		ZIP	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print N	lame	<u> </u>		Date
			3 Th. 10 Th. 10	.4.1	Outo State



□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. 14205

EMERGENCY INFORMATION				SCA	LE INFORMATION	
IMMEDIATE RESPONSE INFOR	RMATION					
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/ L	2711			NET	WT	
IN CASE OF EMERGENCY, NO	TIFY:	f Miod		TRAI	LER NO. TRACT	OR NO.
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	SHIPP	ING INFORM	IATION			·
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESC	RIPTION
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	MATF	RIAL DISPOS	SITION			
□ RECLAMATION □ II	NCINERATION	X LAN		OTH	ER (Specify)	
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED _ 7-13 - A	C.T. EP	A IDENTIFIC		ENO. 043 1/692	
ADDRESS 1:120 WISCONS					IDER	
CITYDAYTON	STATE	- OHIQ	45401	ZIP	PHONE	
This is to certify that the above named m	aterials are properly clá	ssified, describe	d, packaged,	marked and	labeled, and are in prope	r condition f
transportation according to the approximate Signature		epartment of Tr				our records
TRANSPORTER						
COMPANY	J. Jan.				DE	
ADDRESS						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above			'			
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	/ /.	EP	A IDENTIFIC	ATION COD	E NO	
COMPANY	ON LANGER	(ST/	ATE I.D. NO.		
ADDRESS			JOI	B NO		
CITY DATION	STATE	01/10		ZIP	PHONE	
This is to certify completion of treatmen					•	
your records. Forward white copy to			wiii pegin u	pon receipt		manitest.
Signature	Print N	Name	7		Date	



□ HAZARDOUS NON—HAZARDOUS NON

EMERGENCY INFORMATION			SCA	LE INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED	-85 EP.	A IDENTIFICATION COD	ENO. OHDO60928561
COMPANY NAME DELCO MORAIN	IE DIV. GMC		STATE I.D. NO.	
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CITYDAYTON				
This is to certify that the above named metaransportation according to 16032856				
Signature				Phone 227639/
TRANSPORTER	FIIIK	•		FIIOIIGZE / UZ / J
COMPANYSA	ME			DE
ADDRESS				
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above				
Signature	Print N	lame	·-·	Date Received
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION COD	E NO
COMPANY 5. DAY, LA	NDFILL		STATE I.D. NO.	
ADDRESS			JOB NO	
CITY	STATE	<i>H</i>	ZIP	PHONE
This is to certify completion of treatment your records. Forward white copy to				
Signature	Print N	lame		Date



□ HAZARDOUS XNON—HAZARDOUS XWASTE □ RECLAIMABLE MATL. NO. ASTATIO

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COMPANY NAME DELCO MORAIN	NE DIV. GMC	CF	ST.	ATE I.D. NO.	ENO. DATA DELL'ESTE	
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CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named in transportation according to the content of the conten	naterials are properly cla	ssitiea, aescribe	a, packagea,	marked and i	abeled, and are in proper condition i	
1 22			4		Phone 2276391	
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COMPANY S, DAY, LAND	OFILL		ST	ATE I.D. NO.		
ADDRESS	<u>·</u>	0/110	JO	B NO		
CITY	•	<i>1410</i>		ZIP	PHONE	
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt		
Signature	Print N	lame			Date	
						



□ HAZARDOUS NON—HAZARDOUS NWASTE □ RECLAIMABLE MATL. NO.

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GENERATOR DATE S COMPANY NAME DELCO MORAI					DE NO. <i>OH OOLOG 28561</i>	
ADDRESS1420 WISCON						
CITYDAYTON						
This is to certify that the above named n	naterials are properly cla	issified, describe	ed, packaged,	marked and	labeled, and are in proper condition	
transportation accord බුදුම් ශිල්වුම් සිම්	s regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your record	
Signature Klass	lon Print I	Name	EARDON	<u>/</u>	Phone 227639/	
TRANSPORTER	•	• •				
COMPANY SAM	E		ST.	ATE I.D. CO	DE	
ADDRESS			JO	B I.D. NO		
CITY	4					
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your r	ecords. App	ropriate placards were offered.	
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COL	DE NO	
COMPANY SIDAYTON	ANDFILL				·	
ADDRESS		01110	JO	B NO		
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This is to certify completion of treatmen your records. Forward white copy to		=				
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GENERATOR DATE S COMPANY NAME DELCO MORA	NE DIV. GMC				E NO. OH DOW9 2836	
ADDRESS 1.120 WISCON					DER	
CITYDAYTON		OHIO			PHONE	
This is to certify that the above named n	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the application				and the EPA	4-4 4-4	
Signature, Kendo	71 Print N	Name _ <i>REA</i>	RUUN	·····	Phone 2476391	
TRANSPORTER C	·	EP/	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS		 	JOE	3 I.D. NO		
CITY	_					
This is to certify acceptance of the about	•	• •		• •		
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY S. VAYTON LA	NUTILL					
ADDRESS						
CITY		-			PHONE	
This is to certify completion of treatmen	=	•	-		_	
your records. Forward white copy to	_			•		
Signature	Print N	lame	·		Date	



□ HAZARDOUS ANON—HAZARDOUS AWASTE □ RECLAIMABLE MATL. NO. AHAZAZO

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COMPANY NAME					
ADDRESS					ſ
CITY					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, r	narked and I	abeled, and are in proper condition for
transportation according to the applicab					
Signature Klaudon	Print N	Name	EARDON	/	Phone 2276391
TRANSPORTER	•	EPA	A IDENTIFICA	TION NO	
COMPANYSAME					E
ADDRESS					
CITY					
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY 5, DAYTON LA	NOFILL		STA	TE I.D. NO.	
ADDRESS		04.0	JOB	NO	
ADDRESS CITY This is to certify completion of treatment	STATE	OHIU	Z	IP	PHONE
This is to certify completion of treatment your records. Forward white copy to					
Signature					· · · · · · · · · · · · · · · · · · ·



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COMPANY NAME	•				
ADDRESS					
CITY	•				•
This is to certify that the above named m					
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	_ • #	
Signaturet Klubb	7) Print N	Name	EARVO		Phone 7176391
TRANSPORTER		EP/	A IDENTIFICA	ATION NO.	
COMPANYSAME			STA	TE I.D. CO	DE
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the above	·	11/1-			·
Signature , Mendon	Print N	lame KFM	POON		Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY	LANDFILL		STA	TE I.D. NO.	
ADDRESS		377			
CITY	STATE				PHONE
This is to certify completion of treatment					
your records. Forward white copy to		•			- P
Signature	Print N	lame			Date



□ HAZARDOUS NON—HAZARDOUS NASTE □ RECLAIMABLE MATL. NO. 44222

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GENERATOR DATE COMPANY NAME						
ADDRESS						
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This is to certify that the above named	l materials are properly cla	ssified, describe	d, packaged, m	arked and	abeled, and are in proper condition for	
transportation according to the application				nd the EPA	Keep gold copy for your records.	
Signature / Ka	MON Print N	Name HE	groon .		Phone 2276391	
TRANSPORTER	•		A IDENTIFICAT	TION NO	•	
COMPANYSA	ME		STAT	E I.D. COD	DE	
ADDRESS			JOB	I.D. NO		
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This is to certify acceptance of the al	pove materials for shipmer	nt. Keep pink co	py for your red	ords. Appr	opriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY COMPANY	LANDFILL				E NO	
ADDRESS			JOB	NO.		
CITY	N STATE	0H10	ZI	P	PHONE	
	ent, storage, reclamation,	or disposal in co	mpliance with	appropriate	e regulations. Keep canary copy for	
your records. Forward white copy					•	
Signature	Print N	lame			Date	



□ HAZARDOUS NON—HAZARDOUS NOSTE □ RECLAIMABLE MATL. NO. 44223

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					ENO. <i>OH DOGO 928561</i>	
COMPANY NAME			STA	TE I.D. NO.		
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					labeled, and are in proper condition for Keep gold copy for your records.	
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//	A01 Print				Phone 227 6391	
TRANSPORTER	A 44 C	EP/	A IDENTIFICA	ATION NO.		
COMPANY	74115	1,7	STA	TE I.D. COL	DE	
CITY			JOB	3 I.D. NO	BUOVE	
This is to certify acceptance of the	_					
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Signature						
TREATMENT/DISPOSAL FACILITY	D. DAY SON				E NO. 4	
COMPANY — FINANCE COMPANY	LA/V	UNILL	STA	TE I:D. NO.		
ADDRESS	TON STATE	0410			PHONE	
					e regulations. Keep canary copy for	
					of signed copy of this manifest.	
Signature	_			_		
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□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO.

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COMPANY NAME				
ADDRESS			PURCHASE OR	DER
CITY	STAŢE		ZIP	PHONE
This is to certify that the above named m transportation according to the applicat				
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	Print N			Phone <u>2276391</u>
TRANSPORTER COMPANY	5 4mx	EP/	A IDENTIFICATION NO.	
ADDRESS				
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This is to certify acceptance of the above				
Signature				
TREATMENT/DISPOSAL FACILITY COMPANY	N LANGE	· / (STATE LD NO	E IVO.
ADDRESS			JOB NO	
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This is to certify completion of treatment				
your records. Forward white copy to	generator. Processing of	of your invoice	will begin upon receipt	of signed copy of this manifest.
Signature	Print N	lame		Date



□ HAZARDOUS NON—HAZARDOUS WASTE □ RECLAIMABLE MATL. NO. 44133

EMERGENCY INFORMATION				SCALE INFORMATION		
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COMPANY NAME _ DELCO MORA!	NE DIV GMG		STA	ATE ID NO		
ADDRESS1420 WISCON	SIN BLVD.		PUI	RCHASE ORDER		
CITY	CTATE		45403	מוע	DUCKE .	
This is to certify that the above named r						
transportation according to the applica						
Signature	Print I	Name	TEMADO.	~	Phone <u>227 6 7 9/</u>	
TRANSPORTER	21 No. 1	EP.	A IDENTIFIC	ATION NO.		
COMPANY	- 4.4	<u> </u>	STA	ATE I.D. CO	DE	
CITY	STATE	eta.	;	ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your r	ecords. Appr	opriate placards were offered.	
Signature	Print !	Name		- -	Date Received	
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
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your records. Forward white copy to					-	
Signature						
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO.

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GENERATOR DATE S	HIPPED	EP.	A IDENTIFICA	ATION COD	ENO. Q140060928161
COMPANY NAME DELCO MORAL					
ADDRESS1420 WISCON					
CITYDAYTON	STATE	ОНЮ	45401.	(IP	PHONE
This is to certify that the above named m	aterials are properly cla	ssilied, describe	a, packagea, r	narked and	Keep gold copy for your records
transportation according to the applies. Signature	no regulations of the D	epartment of 112	PEAST SO	// (IIE EFA	. Keep gold copy for your records.
Signature	Print I	·			_
TRANSPORTER COMPANY		NO E	A IDÉNTIFICA	TION NO.	
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COMPANY SAYTON /	INS FOR C		STA	TE I.D. NO.	
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This is to certify completion of treatment					
your records. Forward white copy to	-	-	•		• • • • • • • • • • • • • • • • • • • •
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO,

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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COMPANY NAMEDELCO_MORAIN	VE DIV. CMO		STA	TE I.D. NO.		
ADDRESS — 1420 WISCONS	SIN BLVD.		PUR	CHASE OR	DER	
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This is to certify acceptance of the above	_					
Signature			-			
TREATMENT/DISPOSAL FACILITY	,	FP	A IDENTIFICA	TION CODE	E NO	
TREATMENT/DISPOSAL FACILITY COMPANY	INN LANGE	11	STA	TELD NO		
ADDRESSCITY			JOB	NO		
CITY	✓ STATE	04/10	z	IP	PHONE	
This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with	appropriate	regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	
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ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | MARCH. |

EMERGENCY INFORMATION				SCALE INFORMATION		
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	SHIPP	ING INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIL	NER TYPE	MATERIAL DESCRIPTION	
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COMPANY NAME DELCO MORA						
ADDRESS1:20 WISCON	SIN BLVD.		PU	PURCHASE ORDER PHONE ZIP PHONE d, marked and labeled, and are in proper condition i		
This is A DAYTON	STATE	OHIQ	45401.	ZIP	PHONE	
transportation according to the application						
7.	/				Phone <u>2276391</u>	
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TRANSPORTER	(A M					
COMPANY	<u> </u>				DE	
ADDRESS					SUOVE	
CITY This is to certify acceptance of the above					PHONE	
Signature	-	• •			·	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	ATION COD	E NO	
COMPANY	of LANDFILL	•				
ADDRESS		1				
CITY	STATE	0410		ZIP	PHONE	
This is to certify completion of treatmen your records. Forward white copy to	- ·					
Signature	Print N	Name			Date	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 44

EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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	MATE	RIAL DISPO	SITION			
□ RECLAMATION □ I	NCINERATION	□ LAN	DFILL	ОТН	ER (Specify)	
ADDITIONAL					 	
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	CI	ERTIFICATION	ON			
GENERATOR DATE S	SHIPPED 7/2:			ATION COD	DENO. OHD 06092810	
COMPANY NAME DELCO MORAL	NE DIV. GMC					
ADDRESS1120 WISCON				JRCHASE ORDER		
					PHONE	
This is to certify that the above named n						
transportation accorded to 1693285			ansportation		Keep gold copy for your records.	
Signature	Print N	Name	1 E ARRIV	N	Phone 2276391	
TRANSPORTER C	JAme	~				
COMPANY		-			DE	
ADDRESS			JO	B I.D. NO	<u> </u>	
CITY						
This is to certify acceptance of the abo	·	* *				
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY A / 10×	(Lan > 5-11	(ST	ATE I.D. NO.		
ADDRESS		01/11	JO	B NO		
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This is to certify completion of treatmer your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt		
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□ HAZARDOUS ➡ NON—HAZARDOUS ➡ WASTE □ RECLAIMABLE MATL NO. 4447

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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	MATE	I RIAL DISPOS	SITION			
□ RECLAMATION □ II				ED (Specify)		
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		ERTIFICATIO				
551.00 14054	HIPPED			ENO. CH 3 060928 61		
COMPANY NAME DELCO MORAL ADDRESS1:20 WISCON				DED.		
	STATE	OUIO	PURCHASE ON	DERPHONE		
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for		
transportation according to the space of	regulations of the D	epartment of Tr	ansportation and the EPA	Keep gold copy for your records.		
Signature	- 11	Name		Phone <u>227 (39/</u>		
TRANSPORTER		EP.	A IDENTIFICATION NO.	· ·		
COMPANY	CAM	<u> </u>	STATE I.D. COI	DE		
ADDRESS			JOB I.D. NO			
CITY				•		
This is to certify acceptance of the above	•	• •	., ,	•		
Signature	Print N	Name		Date Received		
TREATMENT/DISPOSAL FACILITY	1	EP.	A IDENTIFICATION COD	E NO		
COMPANY	•	17.6	STATE I.D. NO.			
ADDRESS	.					
				PHONE		
This is to certify completion of treatmen your records. Forward white copy to		•				
Signature	Print N	Name	·	Date		
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□ HAZARDOUS Ở NON—HAZARDOUS Ở WASTE □ RECLAIMABLE MATL. NO. □

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIL	NER TYPE	MATERIAL DESCRIPTIO	
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	MATE	RIAL DISPO	SITION	·		
□ RECLAMATION □ II	NCINERATION	Þ LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
		ERTIFICATIO				
GENERATOR DATE S	HIPPED 3	EP	A IDENTIFIC	CATION COD	ENO. 0190128	
COMPANY NAME DELCO MORAIN	•					
ADDRESS1420 WISCONS CITYDAYTON	STATE		PU	TIP	PHONE	
This is to certify that the above named m	naterials are properly cla	Ssified, describe	45401 d. packaged	marked and	labeled, and are in proper conditi	
transportation according to 960 32856						
Signature	Print I	Name	ص ورعائش مر	300	Phone = 277/5	
TRANSPORTER						
COMPANY	<u> </u>				DE	
ADDRESS	•					
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your	records. Appr	opriate placards were offered.	
Signature	Print t	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	/	EP	A IDENTIFIC	CATION COD	E NO	
COMPANY			ST	ATE I.D. NO.		
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		0210			PHONE	
This is to certify completion of treatmen your records. Forward white copy to						
Signature		•		•	• • •	



□ HAZARDOUS A NON—HAZARDOUS A WASTE □ RECLAIMABLE MATL. NO. 172.26

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IN CASE OF EMERGENCY, NO	HIFY:		Z INAII	LER NO. TRACTOR NO.
	SHIPPI	NG INFORM	ATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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19 19 17 7				
				
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□ RECLAMATION □ II	NCINERATION	È LANI	DFILL DOTHE	ER (Specify)
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		RTIFICATIO		1. 0/2020
				ENO. 25 20928 361
COMPANY NAMEDELCO_MORAL! ADDRESS1420_WISCON!			STATE I.D. NO. PURCHASE OR	
2120 11100011				
CITY DAYTON This is to certify that the above named m	naterials are properly cla	OHIO ssified, describe	45401 d, packaged, marked and I	abeled, and are in proper condition for
transportation accord DHD 0609285		epartment of Tra	ansportation and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	CEIRCHUN	Phone <u> </u>
TRANSPORTER	·	EP.	A IDENTIFICATION NO	
COMPANYS				
ADDRESS				
CITY				
This is to certify acceptance of the about				
Signature				
TREATMENT/DISPOSAL FACILITY COMPANY	1000	EPA	A IDENTIFICATION CODI	E NO
COMPANY	od Passill		STATE I.D. NO.	· · · · · · · · · · · · · · · · · · ·
ADDRESS	4/ STATE	0410	JOB NO	PHONE
This is to certify completion of treatmen				
your records. Forward white copy to	-	•		•
Signature			•	•
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□ HAZARDOUS O NON—HAZARDOUS O WASTE □ RECLAIMABLE MATL. NO

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER	TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:					
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GENERATOR DATE S					ENO. 01/2010/28 TO
COMPANY NAME DELCO MORAIN	E DIV. GMC				
ADDRESS1420 WISCONS	IN RI VD		PURCH	ASE OR	DER
CITY ————————————————————————————————————	STATE	<u>nhin</u>	75401 ZIP		PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, mari	ked and I	labeled, and are in proper condition for
transportation according 06092066					
Signature	Print N	Name	N.F. re	7 Do	Phone 227/39/
TRANSPORTER		EPA	A IDENTIFICATIO	ON NO.	
COMPANY	TAME		STATE	I.D. COD	DE
			JOB I.D	. NO	
CITY	•				PHONE
This is to certify acceptance of the abo	· ·				•
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATIO	ON COD	E NO
COMPANY	101 19 43	F116	STATE	I.D. NO.	
ADDRESS	<u> </u>				
CITY					PHONE
This is to certify completion of treatmen your records. Forward white copy to		• •			•
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	MATE	RIAL DISPOS	SITION	•
□ RECLAMATION □ II	NCINERATION	X LAN	DFILL DOTH	ER (Specify)
ADDITIONAL				
INFORMATION:				
		ERTIFICATIO		0110-1-0446-7/1
GENERATOR DATE S COMPANY NAME DELCO MORAIN				DE NO. OHDOG 092856/
ADDRESS1120 WISCONS			PURCHASE OF	
CITYDAYTON	STATE	- 	45401 ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according to the OSP 3856	•			
Signature , llaudi	77/ Print N	Name	KEAKUON	Phone 227 6391
TRANSPORTER		E P/	A IDENTIFICATION NO.	
COMPANY	DE			
ADDRESS			JOB I.D. NO	
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	•			
Signature	Print N	lame		Date Received
TREATMENT/DISPOSAL FACILITY	I AUDEU I			DE NO.
COMPANY 5, DAYTON	WANDEILL			
ADDRESS	STATE A			PHONE
This is to certify completion of treatment	storage reclamation		•	•
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon receipt	of signed copy of this manifest.
Signature				
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□ HAZARDOUS → NON—HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	i LANI	DFILL	OTHE	ER (Specify)	
ADDITIONAL						
INFORMATION:						
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COMPANY NAME DECO MORAIN						
ADDRESS	IN BLVD.				DER	
CITY DAYTON This is to certify that the above named m	naterials are properly cla	OHIO	45401 21	arked and I	abeled and are in proper condition for	
transportation accord ND 06092856						
Signature	Print N	lamo	ان پائے ماہ کھندان ان کے میراسم	104	Phone 7 7 6 4	
TRANSPORTER	1 1101C1				•	
COMPANY	~ ~ ~ ~	_			DE	
ADDRESS						
CITY	STATE		ZI	P	PHONE	
This is to certify acceptance of the abo						
Signature	Print N	Name			Date Received	
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TREATMENT/DISPOSAL FACILITY COMPANY	0 1100 /10	Jefill	STAT	E I.D. NO.		
ADDRESS			JOB I	NO		
This is to certify completion of treatmen						
your records. Forward white copy to						
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·		Date	
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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	MATE	RIAL DISPOS				
□ RECLAMATION □ IN	CINERATION	LANI	OFILL	□ OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
	CI	ERTIFICATIO	N			
GENERATOR DATE S				ATION COE	DE NO. 0. 1/3 060128561.	
COMPANY NAME DILCO MORAIN						
ADDRESS ; 20 WISCONS	IN BLVD.		PUF	IRCHASE ORDER		
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401 Z	ZIP	PHONE	
transportation accord http: 06092856	e regulations of the D	epartment of Tra	insportation a	ind the EPA	. Keep gold copy for your records.	
Signature	Print N	Name	y: 40 . C.	401	Phone <u>207/391</u>	
TRANSPORTER		EPA	A IDENTIFICA	ATION NO.	- :	
COMPANY	C NOE		STA	TE I.D. COI	DE	
ADDRESS						
This is to certify acceptance of the above						
Signature	•				•	
TREATMENT/DISPOSAL FACILITY COMPANY	1 /0000	EP/	A IDENTIFICA	TELD NO	E NO	
ADDRESS		,	STA	NO	-	
ADDRESS	STATE	0410	Z	:IP	PHONE	
This is to certify completion of treatment						
your records. Forward white copy to						
Signature	Print N	lame			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION			SCA	SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY:	. F. 1	TRA	ILER NO. TRACTOR NO.		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	Γ		MATERIAL DESCRIPTION		
May 1/22	· · · · · · · · · · · · · · · · · · ·	30 475	·	Scrop Wood		
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	MATER	RIAL DISPOS	SITION			
□ RECLAMATION □ !!	NCINERATION	LANI		ER (Specify)		
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	CF	RTIFICATIO)N			
GENERATOR DATE S				DE NO (201) 1/10728 51		
COMPANY NAME DELCO MORAIN	NE DIV. GMO	E	STATE ID NO	DE NO.		
ADDRESS 1.120 WISCONS	IN RIVO		PURCHASE OF	RDER		
CITY	STATE	01110	ZIP	PHONE		
CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	45401 d, packaged, marked and	labeled, and are in proper condition f		
transportation accord by to 06082856	regulations of the De	epartment of Tra	insportation and the EPA	. Keep gold copy for your records		
Signature	Print N	lame	27 mar 3 648	Phone		
TOANIODODTEO				•		
COMPANYADDRESS	J. An.	5° -	STATE ID CO	DE		
ADDRESS		•	JOB LD. NO			
CITY	. STATE		ZIP	PHONE		
This is to certify acceptance of the above						
Signature	Print N	lame		Date Received		
TREATMENT/DISPOSAL FACILITY	,	EPA	A IDENTIFICATION COL	DE NO		
TREATMENT/DISPOSAL FACILITY COMPANY / A	1005 FIC	(STATE I.D. NO			
ADDRESS	•	-	JOB NO			
7.551.1200						
CITY	STATE	26/10	ZIP	PHONE		
ADDRESS CITY This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance with appropria	e regulations. Keep canary copy fo		
	t, storage, reclamation, o	or disposal in co	mpliance with appropria	e regulations. Keep canary copy fo		



□ HAZARDOUS Ø NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO.

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IN CASE OF EMERGENCY, NO	TIFY:			ILER NO. TRACTOR NO.
		 		
	SHIPPI	NG INFORM	ATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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	MATER	RIAL DISPOS	BITION	
□ RECLAMATION □ II	NCINERATION	□ LANI	OFILL OTH	IER (Specify)
ADDITIONAL INFORMATION:				
		OTIFICATIO		
	U	HIFICATIC	ON .	DE NO. 4 100728567
GENERATOR DATE S COMPANY NAME DELCO MORAIN				
ADDRESS LIZO WISCONS	IN RIVO		PURCHASE O	RDER
CITYDAYTON	STATE	OHIO	_45401_ ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	l labeled, and are in proper condition for
transportation accord@blb 06092856				
Signature	Print N	lame	KEMELOW	Phone
TRANSPORTER		EP/	A IDENTIFICATION NO.	
COMPANY		1996	STATE I.D. CC	DE
ADDRESS	·———-		JOB I.D. NO	· · · · · · · · · · · · · · · · · · ·
CITY				
This is to certify acceptance of the above	•			' '
Signature	Print N	lame		Date Received
TREATMENT/DISPOSAL FACILITY	A. Service	EPA	A IDENTIFICATION CO	DE NO
COMPANY S. DAYTUN				JE NO
ADDRESS	STATE	01/10	JOB NO	PHONE
This is to certify completion of treatmen				
your records. Forward white copy to	-			-
Signature	Print N	lame		Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 17/12/3

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY:	6.288		TRAI	LER NO. TRACTOR NO.	
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	SHIPPI	ING INFORM	IATION		·	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAI	NER TYPE	MATERIAL DESCRIPTION	
Yow MAZ		30-10.			Town / Grove	
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	MATE	RIAL DISPO	SITION			
□ RECLAMATION □ IN	NCINERATION	X LAN	DFILL	□ОТН	ER (Specify)	
ADDITIONAL						
INFORMATION:					·	
		ERTIFICATIO			· · · · · · · · · · · · · · · · · · ·	
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPEDE DIV. GMC				ENORTH TOTAL TO	
ADDRESS 1:20 WISCONS					DER	
CITY DAYTON						
This is to certify that the above named m	aterials are properly cla	ssified, describe	ed, packaged	, marked and	labeled, and are in proper condition	
transportation according to the service transportation according transportation accord						
Signature	Print !	Name	C.B.	200 00	2 Phone = 257/579	
TRANSPORTER		•				
COMPANY					DE	
ADDRESS			JO	B I.D. NO		
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	ppy for your	records. Appi	opriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		/ EP	A IDENTIFIC	CATION COD	E NO	
COMPANY	UPY ON					
ADDRESS			JO	B NO		
CITY	STATE		<u></u>	ZIP	PHONE	
This is to certify completion of treatment	t, storage, reclamation,	or disposal in co	ompliance wi	th appropriate	e regulations. Keep canary copy	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Name			Date	
· · · · · · · · · · · · · · · · · · ·						



□ HAZARDOUS ® NON-HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCA	E INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
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IN CASE OF EMERGENCY, NO	TIFY:	1011 5/		TRAI	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		· · · · · · · · · · · · · · · · · · ·
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ADDITIONAL INFORMATION:					
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED				E NO. (1.5)
ADDRESS 1:20 WISCONS					
CITY — DAYTON	STATE	OHIO.	.45401_ 2	ZIP	PHONE
This is to certify that the above named in transportation according to Q6022855	aterials are properly cla Be regulations of the D	ssified, describe epartment of Tra	d, packaged, ansportation a	marked and and the EPA	abeled, and are in proper condition to Keep gold copy for your records.
Signature	Print I	Name	CEAR.	Book	Phone 22 3 4 6 6 7
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPANY	sark_	· · · · · · · · · · · · · · · · · · ·	STA	TE I.D. CO	DE
ADDRESS					
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This is to certify acceptance of the aboresignature		• •		• •	•
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COMPANY	U & 19 M2 FOR	<u> </u>	STA	TE I.D. NO.	
ADDRESS		1977115	JOE	NO	
This is to certify completion of treatmen your records. Forward white copy to		•			•
Signature				•	



□ HAZARDOUS Ď NON—HAZARDOUS Ď WASTE □ RECLAIMABLE MATL. NO. ☐ 30

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GENERATOR DATE S				ON COD	ENO 1060928 561	
COMPANY NAMEDELCO_MORAL	VE DIV. GMC		STATE	I.D. NO.		
ADDRESS1:120 WISCONS	SIN BLVD.				IDER	
CITYDAYTON This is to certify that the above named n	STATE	OHIO	45401 ZIP	<u> </u>	PHONE	
This is to certify that the above named in transportation according Do (160-00) 1885						
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Signature	Print I	***************************************				
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COMPANY					DE	
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CITY This is to certify acceptance of the abo	ve materials for shinme	nt Keen nink co	ny for your reco	rds Ann	ropriate placards were offered	
Signature		• •	• •		•	
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TREATMENT/DISPOSAL FACILITY COMPANY		EP.	A IDENTIFICATI	ON COD	E NO	
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This is to certify completion of treatmen						
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IN CASE OF EMERGENCY, NO	TIFY:	F.4010-V	TRA	LER NO. TRACTOR NO.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □	NCINERATION	LAN	DFILL DOTH	ER (Specify)
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		ERTIFICATIO	NN	
GENERATOR DATES				DENO 1/10/16/928 1/61
COMPANY NAME			the state of the s	
ADDRESS				
CITY				
This is to certify that the above named n				
transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation and the EPA	. Keep gold copy for your records.
Signature	Print I	Vame	1 (Ep. 2)001	Phone 2276791
TRANSPORTER C				
COMPANY		EP/	STATE LD CO	DE
ADDRESS		······	IOD ID NO	DE
CITY				
This is to certify acceptance of the abo				
Signature	·	, ,		•
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COMPANY	In solut	EP	A IDENTIFICATION OUL	/L IVO
ADDRESS			IOR NO	
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This is to certify completion of treatmen				
your records. Forward white copy to				
Signature				



□ HAZARDOUS NON—HAZARDOUS N WASTE □ RECLAIMABLE MATL. NO. 44319

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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		RTIFICATIO		
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED			ENOCIH! 0609285 61
ADDRESS1420 WISCONS	IN BLVD.			DER
CITYDAYTON				
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according to the application	e regulations of the De	epartment of Tra	nsportation and the EPA	Keep gold copy for your records.
Signature	Print N	lame	STACCON!	Phone 2276391
TRANSPORTER		EPA		
COMPANY	Amt			DE
ADDRESS			JOB I.D. NO	
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the above	·	• •	• • •	· · · ·
Signature	Print N	lame		Date Received
TREATMENT/DISPOSAL FACILITY	- 1	EP/	IDENTIFICATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	ON FRAITIC	· <u>(</u>	STATE I.D. NO.	
ADDRESS	Or/STATE	0//.5	JOB NO:	PHONE
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This is to certify completion of treatment your records. Forward white copy to	_	-	• • • •	•
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Signature	Print N	lame		Date



□ HAZARDOUS D'NON—HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. HAZARDOUS

EMERGENCY INFORMATION				SCAL	E INFORMATION
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	NON 1/03	AAROW?			<u>.</u>
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٠.	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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	MATEI	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	d LANI	OFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:					
		ERTIFICATIO	N.		
GENERATOR DATE S				CATION COD	ENO. OHO 060928161
GENERATOR DATE S COMPANY NAME DELCO MORAIN	NE DIV. GMC				ENO. 2211 -
ADDRESS 1.120 WISCONS	SIN BLYD.				DER
CITYDAYTON	STATE	OHIQ	45401	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	, marked and I	abeled, and are in proper condition for
transportation according to the application					
Signature	Print N	Name	· 16 17.19	1.70N	Phone
TRANSPORTER (general g	. EP	A IDENTIFIC	CATION NO.	
COMPANY	SHE	<u> </u>	ST	ATE I.D. COL	DE
ADDRESS			JO	В I.D. NO. <u>—</u>	
CITY					
This is to certify acceptance of the above	•	• •		• • •	· ' '
Signature	Print N	Name	· ·-		Date Received
TREATMENT/DISPOSAL FACILITY					E NO:
COMPANY					
ADDRESS		alles	J O	B NO	PHONE
This is to certify completion of treatmen your records. Forward white copy to	-	*			· ·
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Signature	Print N	Name			Date



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□ RECLAMATION □ II	NCINERATION	À LAN	DFILL	□ OTH	ER (Specify)	
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COMPANY NAME DELCO MORAIN						
ADDRESS1:20 WISCONS				URCHASE ORDER		
CITY — DAYTON	STATE			ZIP PHONE ed, marked and labeled, and are in proper condition for		
This is to certify that the above named m	naterials are properly cla	OHIO issified, describe	45401 d, packaged, r	marked and	labeled, and are in proper condition f	
transportation according to 662 3856	le regulations of the D	epartment of Tr	ansportation a	and the EPA	. Keep gold copy for your records.	
Signature	Print I	Name	KEARA	מיותר	Phone 2776701	
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.		
COMPANY	T19-1		STA	TE I.D. COI	DE	
ADDRESS						
CITY						
This is to certify acceptance of the abo						
Signature	•				-	
TREATMENT/DISPOSAL FACILITY COMPANY		ĖP	A IDENTIFICA	ATION COD	E NO	
COMPANY	on from	11	STA	TE I.D. NO.	<u> </u>	
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CITY	STATE	1410		!IP	PHONE	
This is to certify completion of treatmen your records. Forward white copy to						
Signature	_	-		-	• , ,	
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□ HAZARDOUS NON—HAZARDOUS NOSTE □ RECLAIMABLE MATL. NO. 141713 1310

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAI	NER TYPE	MATERIAL DESCRIPTION	
NON MA-		30 y25			Who Proves	
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□ RECLAMATION □ II	NCINERATION	≱ LANI	DFILL	□ОТН	ER (Specify)	
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	CI	ERTIFICATIO)N		17-4/h	
GENERATOR DATE S	HIPPED	8-85_ EP	A IDENTIFIC	CATION COD	ENO. 21 30/0128-61	
COMPANY NAME DELCO MORAII	VE DIV. GMC		ST	ATE I.D. NO.		
ADDRESS 1.120 WISCONS	•				DER	
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named in transportation according to the application						
Signature	pie regulations of the Di	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
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TRANSPORTER COMPANY	T 4 .	EP،	A IDENTIFIC	CATION NO.		
ADDRESS			JO	B I.D. NO	DUONE.	
This is to certify acceptance of the abo						
Signature	•	• •			•	
TREATMENT/DISPOSAL FACILITY					E NO.	
COMPANY	DRIVER DIVE	. EP	A IDENTIFIC ST	ATE ID NO	E NO.	
ADDRESS				R NO		
ADDRESS	STATE	12/10		7IP	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	upon receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	
						



□ HAZARDOUS Ø NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO.

EMERGENCY INFORMATION				SCAL	E INFORMATION	
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	SHIPPI	NG INFORM	IATION		·	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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ADDITIONAL INFORMATION:						
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OFNEDATOR				ATION 000	ENO/1/1060928561	
GENERATOR DATE S COMPANY NAME DELCO MORAII						
				URCHASE ORDER		
CITY — DAYTON	STATE		-45401-	ZIP	PHONE	
This is to certify that the above named m	naterials are properly cla	ssified, describe	ed, packaged,	marked and l	abeled, and are in proper condition fo	
transportation according to 9600 2856						
Signature	Print I	Name	17E.27	SON	Phone 2276391	
TRANSPORTER						
COMPANY	5 Ame				DE	
ADDRESS	_					
CITY	STATE		;	ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.	
Signature	Print I	Name	·		Date Received	
TREATMENT/DISPOSAL FACILITY	/	EP	A IDENTIFICA	ATION COD	E NO	
COMPANY J. DAYTON	Langue		STA	ATE I.D. NO.		
ADDRESS			JOE	3 NO	<u></u>	
CITY A /To	AL STATE	0410	:	ZIP	PHONE	
This is to certify completion of treatmen	_				· · · · · · · · · · · · · · · · · · ·	
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N				Data	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1337

EMERGENCY INFORMATION				SCALE INFORMATION		
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IN CASE OF EMERGENCY, NO	TIFY:	CELTICAL TOWN	<u></u>	TRAI	LER NO. TRACTOR NO.	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IFR TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	A LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:	·	•				
	Cr	RTIFICATIO	N			
GENERATOR DATE S				ATION COD	ENO. 04:060728:61	
COMPANY NAME DELCO MORAIN						
ADDRESS1-120 WISCONS					DER	
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for	
transportation accord@blo 06062856	/		` `			
Signature	Print N	Name	CFA	R. 70.1	Phone <u>227 639/</u>	
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	· .	
COMPANY			STA	ATE I.D. COD	DE	
ADDRESS						
CITY					•	
This is to certify acceptance of the above	•		• •	• •	·	
Signature	Print N					
TREATMENT/DISPOSAL FACILITY	Concu	, EP.	A IDENTIFIC	ATION, COD	E NO	
COMPANY			STA	TE I.D. NO.	E NO	
ADDRESS	/ STATE	1/10		3 NO	PHONE	
This is to certify completion of treatment				_	•	
your records. Forward white copy to	_	·-	-		•	
Signature			•		•	



□ HAZARDOUS □ NON—HAZARDOUS ➡WASTE □ RECLAIMABLE MATL. NO. 14338

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAI	NER TYPE	MATERIAL DESCRIPTION	
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	MATE	I RIAL DISPOS	ITION			
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□ RECLAMATION □ I	NCINERATION)₫ LANI	OFILL	OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:						
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	CL	RTIFICATIO	N		Ciliator Cr. (1	
GENERATOR DELCO MORA	SHIPPED	EP/	4-IDENTIFIC	CATION COD	ENO. CAMBIA28161	
COMPANY NAME	ISIN DIVID		SI	ATE I.D. NO.	DEB	
CITYDAYTON						
This is to certify that the above named m						
transportation according to the applica						
Signature	Print N	lame	ورنگار آنچار اس. ورنگار آنچار اس	C. TA	Phone 257 6391	
TRANSPORTER						
COMPANY	2,00				DE	
ADDRESS			.10	RID NO	,,,	
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	•					
Signature	Print N	lame			Date Received	
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TREATMENT/DISPOSAL FACILITY COMPANY	11 Lo 35/11	()	TP ST	ATE ID NO	E NO.	
ADDRESS			OL.	B NO.		
CITY	STATE	2/10		ZIP	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing of	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	lame			Date	
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□ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE □ RECLAIMABLE MATL. NO. # 3 月 6

EMERGENCY INFORMATION	·			SCA	LE INFORMATION
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IN CASE OF EMERGENCY, NO	TIFY:	24 5 J		TRAI	LER NO. TRACTOR NO.
	SHIPP	ING INFORM	IATION		
D.O.T. SHIPPING DESCRIPTION	O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINE			IER TYPE	MATERIAL DESCRIPTION
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. ,					12000
					
	MATE	RIAL DISPOS	SITION	<u> </u>	
□ RECLAMATION □ I	NCINERATION	LAN	DEILL	потн	ER (Specify)
ADDITIONAL INFORMATION:					
	CI	ERTIFICATIO	ON .		
GENERATOR DATE S	011 010				E NO
COMPANY NAME DELCO MORAIN					
ADDRESS1420_WISCONS					
This is to certify that the above named m	naterials are properly cla	ssified, describe	d packaged.	marked and	labeled, and are in proper condition fo
transportation according to 160 app 155	le regulations of the D	epartment of Tr	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print !	Name	(4)	2 Went	Phone <u> </u>
TRANSPORTER					
COMPANY	2nox		STA	ATE I.D. COL	DE
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the above					
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANYS. JAJA	and the second				
ADDRESS			JOE	3 NO	
		-			PHONE
This is to certify completion of treatmen your records. Forward white copy to	-	•	•		•
Signature				•	-
					



EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION						
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IN CASE OF EMERGENCY, NO	TIEV	- 646 AM		ILER NO. TRACTOR NO.		
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	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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ADDRESS1420 WISCONS						
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition fo		
transportation according in வெணிக்			-			
Signature	Print N	Name	dension .	Phone 4576391		
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This is to certify that the above named r OHD 060928 transportation according to the applica	naterials are properly cla 3561; able regulations of the De	ssified, describe epartment of Tra	d, packaged, m ansportation ar	arked and Id the EPA	labeled, and are in proper condition for . Keep gold copy for your records.
Signature	Print N	Name /	16.00	Beat.	Phone 25-7/50
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This is to certify acceptance of the abo	ove materials for shipmer	nt. Keep pink co	py for your rec	ords. Appı	ropriate placards were offered.
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CITY A-1701	STATE	0410	ZI	P	PHONE
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This is to certify completion of treatmen	nt, storage, reclamation,	or disposal in co	mpliance with	appropriat	e regulations. Keep canary copy for
•	nt, storage, reclamation, of generator. Processing of	or disposal in co of your invoice	ompliance with will begin upo	appropriat on receipt	e regulations. Keep canary copy for of signed copy of this manifest.



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ADDRESS 1420	WISCONS	N BLVD.	 	PURCHASE OF	RDER
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					labeled, and are in proper condition for Keep gold copy for your records.
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COMPANY		12-	٤	STATE I.D. CO	DE
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transportation accor@HDo06092856	e regulations of the De	epartment of Tra	nsportation	and the EPA.	Keep gold copy for your records.
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COMPANY	بالبيعثير كالمستا	. < .	ST/	ATE I.D. COD	E
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your r	ecords. Appre	opriate placards were offered.
Signature	Print N	lame			Date Received
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ADDRESS					DED	
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transportation according 06092856						
Signature						
TRANSPORTER			_		<u></u>	
COMPANY	FAM E	_			DE	
ADDRESS						
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Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION COD	E NO	
COMPANY	frifill		STA	TE I.D. NO.		
ADDRESS		3	IO	R NO		
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This is to certify completion of treatment	t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriate	e regulations. Keep canary copy for	
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Signature	Print N	lame			Date	



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transportation accord Agilo A6QDA856						
Signature	Print N					
TRANSPORTER	<u>~</u> 4.					
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CITYDAYTON						
This is to certify that the above named m						
transportation accord AHD PEQUESTE	regulations of the De	epartment of Tra	insportation and t	the EPA.	Keep gold copy for your records.	
Signature	Print N	lame	CER	290 2	Phone	
TRANSPORTER COMPANY	1 mg				DE	
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Signature	Print !	Vame			Phone	
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CITY DAYTON	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged	, marked and	labeled, and are in proper condition to	
transportation according to দিন্তি মুক্ত ক্রিছির						
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COMPANY NAME DELCO MORAII	NE DIV, GMC		STA	TE I.D. NO.	
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COMPANY	June	EFA	STA	TE I.D. COD	DE
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	1	EPA	A IDENTIFICA	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY			STA	TE I.D. NO.	
ADDRESS			JOB	NO	
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This is to certify completion of treatment your records. Forward white copy to		or disposal in co	mpliance with	n appropriate	e regulations. Keep canary copy for
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| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO. | | NO. | | NO. | | NO. | | NO. | | NO. | | NO. | | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO. | NO

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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance with a	appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to						
Signature	Print N	Name			Date	



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ADDRESS 1120 WISCONS						
CITY — DAYTON						
This is to certify that the above named m	naterials are properly clas	ssified, describe	d, packaged, mark	ked and I	abeled, and are in proper condition for	
transportation according to the Cappetal	∌le regulations of the De	epartment of Tra	ansportation and t	the EPA.	Keep gold copy for your records.	
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This is to certify completion of treatmen your records. Forward white copy to		or disposal in co	mpliance with app	propriate	regulations. Keep canary copy for	
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□ HAZARDOUS │ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 11/13/19

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COMPANY NAME DELCO MORAINE	DIV CMO		ST.	ATE ID NO	NO. 1 1 1050928761
ADDRESS1400 WESONOW	- DIV. GIVIO			RCHASE ORI	DER
CITY	N BLVD. STATE			ZIP	PHONE
ADDRESS 1.20 WISCONSII CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	45401 d, packaged,	marked and la	abeled, and are in proper condition for
transportation according to குற்று நடு	le regulations of the De	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records.
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This is to certify acceptance of the above	e materials for shipmer	it. Keep pink co	py for your r	ecords. Appro	opriate placards were offered.
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This is to certify completion of treatment					
your records. Forward white copy to	generator. Processing o	of your invoice	will begin u	pon receipt o	of signed copy of this manifest.
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COMPANY NAME DELCO MORAIN					
ADDRESS1420 WISCONS					
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This is to certify that the above named m	iaterjals are properly cla	ssified, describe	d, packaged,	marked and I	labeled, and are in proper condition for
transportation according to the application	pe regulations of the D	epartment of Tra	insportation	and the EPA.	Reep gold copy for your records.
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COMPANY NAME DELCO MORAI ADDRESS 1420 WISCON	SIN RIVO		STATE	I.D. NO. IASE OR	DER
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This is to certify that the above named r	naterials are properly cla	ssified, describe	d, packaged, mar	ked and	labeled, and are in proper condition to
transportation accorded to 9609285	ble regulations of the De	epartment of Tra	ansportation and	the EPA	
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TRANSPORTER COMPANY	SAME				DE
ADDRESS					
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your reco	rds. Appı	ropriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY	LANDFILL	<u> </u>	STATE	I.D. NO.	
ADDRESS		0.//	JOB NO	O	
This is to certify completion of treatmen		•			÷
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□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL.

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GENERATOR DATE S				TION COD	ENO. 4658122761
COMPANY NAME DELCO MORAIN	HIPPED				JE NO
ADDRESS 1420 WISCONS					DER
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TREATMENT/DISPOSAL FACILITY	1	EP.	A IDENTIFICA	TION COD	E NO
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COMPANY NAME DELCO MORAIN	NE DIV. GMĆ		STATE I.D. NO.			
ADDRESS1420_WISCONS	N BLVD		PURCHASE OR	DER		
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ADDRESS1420 WISCONS				
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				EPA Keep gold copy for your records.
Signature	Print N			Phone = 27/6391
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This is to certify that the above named n					
transportation according to the applica					
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COMPANY	Marine Jack Contract	,	ST	ATE I.D. COI	DE
ADDRESS			JO	B I.D. NO	
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your r	ecords. App	ropriate placards were offered.
Signature	Print I	Name	· · · · · · · · · · · · · · · · · · ·	d	Date Received
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COMPANY	Section from	1.11	ST	ATE I.D. NO.	
ADDRESS	<u> </u>		JOI	3 NO	
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TREATMENT/DISPOSAL FACILITY COMPANY G, DAYTON LANDFILL STATE I.D. NO. ADDRESS JOB NO. CITY This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
TREATMENT/DISPOSAL FACILITY COMPANY G, DAYTON LANDFILL STATE I.D. NO. ADDRESS JOB NO. CITY This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	Signature	Print N	Name	 		Date Received
COMPANY						
ADDRESS		LANDFILL		STA	TE I.D. NO.	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.		U STATE	UNIU		ZIP	PHONE
		t, storage, reclamation, o	or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
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EMERGENCY INFORMATION				SCA	LE INFORMATION
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This is to certify that the above named n					, ,
transportation accorded to 06002855	Print N	epartment of Translation	ALWOOL	and the EPA	. Keep gold copy for your records. Phone 2276391
TRANSPORTER					
COMPANY SAME					DE
ADDRESS			JOE	3 I.D. NO	·
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placards were offered.
Signature	Print N	Name			Date Received
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COMPANY S. DAYTON LA	NUFILL	 	STA	TE I.D. NO.	
ADDRESS		1410	JOE	3 NO	
CITY WAYTON	•	•			PHONE
This is to certify completion of treatmen your records. Forward white copy to					
Signature		•			
					



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GENERATOR DELCO MORAIN	NE DIV. GMC				ENO. (2/40/2004 & JOH)
ADDRESS 1:20 WISCONS	SIN BLVD.				DER
CITYDAYTON	STATE	OHIQ	_45401_ z	ZIP	PHONE
This is to certify that the above named m OHD 06092856 transportation according to the applica	aterials are properly cla	ssified, describe	d, packaged, i	marked and l	abeled, and are in proper condition for
transportation according to the applica				. ^	- 1
Signature	OTTO Print N	Name	TAKWA	<u> </u>	Phone <u>227.639/</u>
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COMPANY SAM	<u> </u>	· · · · · · · · · · · · · · · · · · ·	STA	TE I.D. COL	DE
ADDRESS			JOE	3 I.D. NO	
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This is to certify acceptance of the about	·				•
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EMERGENCY INFORMATION				SCALE INFORMATION		
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□ RECLAMATION □ INCINERATION ★ LANDFILL □ OTHER (Specify)						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR DATE SHIPPED OMPANY NAME DILCO MORAINE DIV. GMC STATE I.D. NO.						
ADDRESS 1:20 WISCONSIN BLVD. PURCHASE ORDER						
CITY STATEOHIO ZIP PHONE						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for						
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>H. Hawoot</u>	Print N		LWOOD		Phone <u> </u>	
TRANSPORTER EPA IDENTIFICATION NO						
COMPANY SAME						
ADDRESS JOB I.D. NO CITY STATE ZIP						
This is to certify acceptance of the above materials						
Signature Print Name Date Received						
TREATMENT/DISPOSAL FACILITY	, , , , , , ,					
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for						
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature Print Name					Date	



□ HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. PARTON

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GENERATOR DATE S		_		ODE NO. OHDO60928561
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ADDRESS L:20 WISCONS				ORDER
This is to certify that the above named m	aterials are properly cla	OHIO	45401 ZIP —	PHONEnd labeled, and are in proper condition for
				PA. Keep gold copy for your records.
Signature			ARWOOD	Phone 2276391
TRANSPORTER	·	-	A IDENTIFICATION N	0
COMPANY			STATE I.D. (ODE
ADDRESS			JOB I.D. NO	·
CITY				
This is to certify acceptance of the above				
Signature	Print N	lame		Date Received
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COMPANY	CHINDEILL		STATE I.D. I	10
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Signature	OOV Print N	Name	HIWOOL	/	Phone 2776391
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ADDRESS			JOB	I.D. NO	
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This is to certify acceptance of the abo	·	• •	• •	• •	•
Signature	Print N	Name			Date Received
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ADDRESS		21/10	JOB	NO	
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Signature	_			-	• • •
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				d and labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	insportation and the	EPA. Keep gold copy for your records.
Signature	Print N	Name	ARWOOD	Phone 227639/
TRANSPORTER		· EP/	AIDENTIFICATION	NO
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Signature	Print N		ARWOOD	Phone 217 6391
TRANSPORTER	4 4. C	EP	A IDENTIFICATION I	10.
COMPANY			STATE I.D.	CODE
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This is to certify acceptance of the above	_			
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TREATMENT/DISPOSAL FACILITY COMPANY	IANDENL			CODE NO.
ADDRESS	- ENNUPTE-			NO
CITY	STATE	0410	JOB NO	PHONE
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				eipt of signed copy of this manifest.
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30405			BOXES \$STEEL BANDS	
						
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□ RECLAMATION □	INCINERATION	X LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL INFORMATION:		<u> </u>				
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This is to certify that the above named i						
transportation according to the applica					• •	
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ADDRESS			JOI	3 1.D. NO		
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This is to certify acceptance of the abo	ove materials for shipmer	nt. Keep pink co	py for your r	ecords. App	opriate placards were offered.	
Signature	Print N	Vame	·		Date Received	
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TREATMENT/DISPOSAL FACILITY	ANDFILL					
COMPANY _ 5. DAYTON I			101	O NIO		
COMPANY		m1114	300	5 NO		
COMPANY 5. DAYTON A ADDRESS		DHID		ZIP	PHONE	
COMPANY	nt, storage, reclamation,	0H/0 or disposal in co	ompliance wit	ZIP h appropriat	· · · · · · · · · · · · · · · · · · ·	



□ HAZARDOUS (D'NON—HAZARDOUS (D'WASTE □ RECLAIMABLE MATL. NO. 1941/17/10)

EMERGENCY INFORMATION	· · · · · · · · · · · · · · · · · · ·		· · ·	SCA	LE INFORMATION
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ADDRESS					
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This is to certify that the above named m					
transportation according to the applicat					
Signature W. Souw	Print N	lame	TRWOOD	<u>/</u>	Phone 227639/
TRANSPORTER		EP	A IDENTIFICA	ATION NO.	·
COMPANY SAME			STA	TE I.D. COL	DE
ADDRESS			JOB	3 I.D. NO	-
CITY					PHONE
This is to certify acceptance of the above	•				' '.
Signature	Print N				
TREATMENT/DISPOSAL FACILITY	INUNCIII				E NO
COMPANY 5. DAYTON	FANUTIE				· · · · · · · · · · · · · · · · · · ·
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This is to certify completion of treatmen					
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GENERATOR DATE S				ATION COD	ENO. OHDO60928561
GENERATOR DATE SI	IV. GMC		STA	ATE I.D. NO.	
ADDRESS 1420 WISCONSIN E					DER
CITYDAYTON					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according to the applicat	le regulations of the Do	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	KWOOD		Phone 227 639 /
TRANSPORTER	_	EP	A IDENTIFICA	ATION NO.	
COMPANY		· · · · · · · · · · · · · · · · · · ·	STA	ATE I.D. COD	DE
ADDRESS	-,		JQE	3 I.D. NO	
CITY	•				
This is to certify acceptance of the above	•	• •			· · ·
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY					E NO
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ADDRESS	STATE	17/17)	JOE	3 NO	
					PHONE
This is to certify completion of treatment	_				- 1
your records. Forward white copy to				-	• '
Signature	Print N	lame			Date



EMERGENCY INFORMATION				SCALE INFORMATION		
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□ RECLAMATION □ I	NCINERATION	X LAN	DFILL	OTH	ER (Specify)	
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GENERATOR DATE S				CATION COD	ENO. DH DOGO 42 8561	
COMPANY NAME DELCO MORAINE		-			ENU. 1/11/10/04/17 0.341	
ADDRESS1420 WISCONSIN			•			
CITYDAYTON	STATE	<u>1⊭IA</u>	4441	ZIP	PHONE	
This is to certify that the above named n	naterials are properly cla	issified, describe	d, packaged	, marked and l	labeled, and are in proper condition fo	
transportation according 06092856th	Z 1 -	• •				
Signature	Print I				Phone Phone	
TRANSPORTER		EP	A IDENTIFIC	CATION NO.		
COMPANY			ST	ATE I.D. COL	DE	
ADDRESS	OTATE		JC	B I.D. NO		
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your records. Forward white copy to	-	•				
Signature					• • • • • • • • • • • • • • • • • • • •	



□ HAZARDOUS D'NON-HAZARDOUS D'WASTE □ RECLAIMABLE MATL. NO. A4481

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION						
NON HAZARDOUS					•	
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IN CASE OF EMERGENCY, NO	TIFY:	Tawood	<i></i>	TRAI	LER NO. TRACTOR NO.	
	SHIPPI	ING INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30405			SCIAP WOOD	
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□ RECLAMATION □ II	NCINERATION	X LAN	DFILL	□ OTH	ER (Specify)	
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GENERATOR DATES COMPANY NAME DELCO MORAINE	HIPPED 10-29-	EL EP	A IDENTIFIC	ATION COD	ENO OH DOGO 13856	
ADDRESS 1'20 WICLE					DER	
This is to certify that the above named of transportation according 8608 38561	naterials are properly clab ble regulations of the D	ssified, describe epartment of Tra	d, packaged,	marked and and the EPA	labeled, and are in proper condition fo	
Signature # X MUU	Print r				•	
TRANSPORTER SAME	<i>c</i> -				DE	
ADDRESS			JOI	B I.D. NO		
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo					•	
Signature	Print I	Name			Date Received	
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ADDRESS				B NO		
CITY DAYTON					PHONE	
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This is to certify completion of treatment	, storage, reclamation, e				ı	
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ADDRESS 1420 WISCONSIN			_		DER
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This is to certify that the above named m	aterials are properly cla	OHIO ssified, de <u>scri</u> be	d, packaged,	marked and I	abeled, and are in proper condition for
transportation account 060923561					
Signature	Print N	vame	KUDOL	<u>/</u>	Phone <u>J27 639/</u>
TRANSPORTER					<u> </u>
COMPANY SAME		<u> </u>	ST	ATE I.D. COD	DE
					
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TREATMENT/DISPOSAL FACILITY	/ 1.110/1//	EP	A IDENTIFIC	ATION COD	E NO
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and la	abeled, and are in proper condition for
transportation according to me applicat	le regulations of the De				1
Signature \ Signature	Print N	Name	ARWOO	DU	Phone 227 6391
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Signature & Lawr	Print N		ALWOO		Phone 227 6391	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.	
Signature	Print N	Name	<u> </u>		Date Received	
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION CODE	E NO	
COMPANY J. DAYTOI	U LANDFILL		STA	TE I.D. NO.		
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□ HAZARDOUS \$\text{\text{NO_NAZARDOUS}} \text{\text{\text{WASTE}} \text{\text{RECLAIMABLE MATL.}}}

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GENERATOR DATE S				ATION COD	ENO. 04006092866	
COMPANY NAMEDELCO MORAINE	DIV. GMO		ST/	ATTON COD ATE I.D. NO.		
ADDRESS 20 WISCONSIN	BLVD.		PUI	RCHASE OR	DER	
ADDRESS 20 WISCONSIN	STATE	HIQ.	15401	ZIP	PHONE	
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for	
transportation according 060928560at				1	ا بمتنف ا	
Signature 4 SHUU	Print N	Name	RWOOD	<u>' </u>	Phone 227 6391	
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Signature	-			• •	· · ·	
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TREATMENT/DISPOSAL FACILITY COMPANY	LANDEILL				E NO	
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This is to certify completion of treatmen						
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GENERATOR DATE S				TION COD	ENO. <i>OH DOBOA 28561</i>
COMPANY NAMEDELCO MORAINE	DIV. GMO		STA	TE I.D. NO.	
ADDRESS 20 WISCONSIN					DER
CITYDAYTON		410	15401 Z	IP	PHONE
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transportation according Q60928563at					
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TRANSPORTER	•				
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TREATMENT/DISPOSAL FACILITY	1 400001				E NO
COMPANY S. DAYTON	LANUT ILL				
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your records. Forward white copy to					
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ADDRESS 20 WISCONSIN	BLVD.		PUI	RCHASE OR	DER	
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transportation according 960928561	ole regulations of the Do	epartment of Tra	insportation	and the EPA.		
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CITY DAYTON	STATE /	A 1 () ()			PHONE	
This is to certify completion of treatment	, storage, reclamation,					
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transportation according to diographical	ple regulations of the De	epartment of Tr	ansportation ar	d the EPA	Keep gold copy for your records.
Signature		. /_	<u>ARWOOS</u>	<u> </u>	Phone <u>227 6391</u>
TRANSPORTER	_	EP	A IDENTIFICAT	TION NO.	
COMPANY			STAT	E I.D. CO	DE
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ADDRESS1420 WISCONSII	N BLVD.						
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This is to certify that the above named metransportation according 1060928561	ble regulations of the De	epartment of Tr	insportation :	and the EPA	. Keep gold (are in proper conc copy for your re one 2776	ecords.
Signature 4	Print	Name <u>Carri</u>					
TRANSPORTER COMPANY	V						
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placa	ards were offered	j. .
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DAYTON This is to certify that the above named m	aterials are properly cla	JHIU ssified, describe	գ၁ 4 01 d, packaged, n	narked and I	abeled, and are in proper condi	tion for
transportation according 060928561	ple regulations of the D	epartment of Tra	ansportation a	nd the EPA.	Keep gold copy for your rec	ords.
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CITY DAYTON	STATE	NUIN -	45401 Z	ZIP	PHO	ONE	
CITY DAYTON This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, r	marked and I	abeled, and a	re in proper condition for	
transportation according 060928561							
Signature Maile Mill	Print 1	Vame HAK	7-5 /1/0	: 6105p	Pho	ne ² 27 6391	
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	1		
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ADDRESS			JOB	3 I.D. ŅO		30	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appr	opriate placa	rds were offered.	
Signature	Print N	Name			Date	e Received	
TREATMENT/DISPOSAL FACILITY		EP/	A IDENTIFICA	ATION COD	E NO	·	
COMPANY . LAYTON	LANDEILI		STA	TE I.D. NO.		· · · · · · · · · · · · · · · · · · ·	
ADDRESS		<u> </u>	JOB	8 NO	·		
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This is to certify completion of treatment							
your records. Forward white copy to	generator. Processing	OT Your invoice	will begin up	on receipt	of signed co	py of this manifest.	
Signature	Print N	Name			Date:		



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COMPANY NAME DELCO MORAINI	DIV. GMO		ST/	ATE I.D. NO.		
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transportation accoming to to to the	ple regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
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COMPANY		-	ST/	ATE I.D. COL	DE	
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This is to certify acceptance of the abo			• •	• •	•	
Signature	Print I	Name			Date Received	
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Signature		Name	·	<u> </u>	Date	
						



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ADDRESS 20 WISCONSI	N RLVD		PUF	RCHASE OF	DER
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
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transportation according t060928561					
Signature Minutes /	Wellos Keppint N	lame LAN	1185/1	Ic Elos	Kry Phon 27-6391
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ADDRESS 14.17E			JOE	3 I.D. NO	
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placards were offered.
Signature	Print N	lame	<u> </u>		Date Received
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	labeled, and ar	e in proper condition for
transportation according 060928561	ole regulations of the D	epartment, of Tra	ansportation	and the EPA.	. Keep gold co	opy for your records.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4453

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COMPANY NAME DELCO MORAINE	DIV. GMC	Er	STATE I D	CODE NO. <u>CM D 260 92857 J</u> NO
ADDRESS 1.20 WISCONSII	N BLVD		PURCHASE	ORDER
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This is to certify that the above named n	naterials are properly cla	HIO ssilied, describe	5,000 laged, marked	PHONEand labeled, and are in proper condition for
transportation according to the applica	ble regulations of the D	epartment of Tra	insportation and the	EPA. Keep gold copy for your records.
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Signature	,			, ,
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TREATMENT/DISPOSAL FACILITY	. /	/ EP		CODE NO.
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GENERATOR DATE S COMPANY NAME DELCO MORAINE					DE NO. 0 10 10 10 12 450 1	
ADDRESS			S17	ATE I.D. NO		
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This is to certify that the above named in	națerials are properly cla	JHIU ssified, describe	454U1 d, packaged,	marked and	labeled, and are in proper condition for	
transportation according 060928561	ble regulations of the D	epartment of Tra	ansportation a	and the EPA	. Keep gold copy for your records.	
Signature	Print l	Name - 11.4-5	MAC	105 11-	7 Phone 221639/	
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This is to certify acceptance of the about	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
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COMPANY UNYTON.	LANCE/11		STA	TE I.D. NO.	· <u></u>	
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This is to certify completion of treatmen your records. Forward white copy to						
Signature			_	•	Date	
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COMPANY NAME DELCO MORAINE	DIV. GMO		ST	ATE I.D. NO.	
ADDRESS1:20 WISCONSI			PU	RCHASE OR	DER
CITY — DAYTON					PHONE
This is to certify that the above named m					
Signature Management	Alex Drine B	Nome (AM 5	TIK	1/050	— Phone 2 7 63 9/
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COMPANY	0				DE
ADDRESS AME		•			
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This is to certify acceptance of the above					· · · · · · · · · · · · · · · · · · ·
Signature	Print N	Name			Date Received
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COMPANY S DAY TOM A	HNdFILL	7 }			
ADDRESS		7	JOI	B NO	
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This is to certify completion of treatment your records. Forward white copy to					
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GENERATOR DATE SI COMPANY NAME DELCO MORAINE					ENOSH D 06097856/
ADDRESS1:20 WISCONSI					
CITY	STATE	OHIO	45401 ZI	P	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, m	arked and I	abeled, and are in proper condition for
transportation according to 60928561	le regulations of the De	epartment of Tr	insportation as	d the EPA.	Keep gold copy for your records.
Signature 1/60	los lay Print N	lame	15/1/0	(1/05	ME 2 Phone 227-6391
TRANSPORTER	Jan 1	EP	A IDENTIFICAT	TION NO.	
COMPANY	=				DE
ADDRESS ANG	<u> </u>		JOB	I.D. NO	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your rec	ords. Appr	opriate placards were offered.
Signature	Print N	lame			Date Received
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ADDRESS		7:	JOB	NO	
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ADDRESSO WISCONS!!	I BLVD,		PUF	RCHASE OR	DER
CITYDAYTON	STATE	эню	45401 ²	ZIP	PHONE
This is to certify that the above named in transportation according 050928561	aterials are properly cla	ssified, describe	d, packaged, i	marked and	labeled, and are in proper condition for
	ole regulations of the D	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print 1	Name LIA	<u> </u>	1011.	Phone 21638/
TRANSPORTER		EP	A IDENTIFICA	ATION NO.	
COMPANY	<i>V</i>				DE
ADDRESS AMA					
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This is to certify acceptance of the above	•	• • •			·
Signature	Print N	Name		·	Date Received
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ADDRESS /		7	JOE	3 NO	
CITY AUTON	STATE	1410	2	ZIP	PHONE
This is to certify completion of treatmen your records. Forward white copy to					
Signature	Print N	lame			Date



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	HIPPED	8 5 P	ATDENTIFIC	ATION COD	ENOCHD OLUIZKSC/
COMPANY NAME DELCO MORAINE	DIV. GMO		ST/	ATE I.D. NO.	
ADDRESS	V BLVD.		PUI	HUHASE OH	DEH
CITY DAYTON This is to certify that the above named m	naterials are properly cla	Ssified describe	d packaged	marked and I	abeled and are in proper condition for
transportation according 000928961	ofe regulations of the De	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
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TRANSPORTER	1				7 110110
COMPANY	<i>V</i>				DE
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print N	lame			Date Received
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GENERATOR DATE S COMPANY NAME DELCO MORAINE	DIV. GMO	EP	ATDENTIFICA STAT	TION COD E I.D. NO.	E NO! 17_1	10609	12.8361
ADDRESS 1.20 WISCONSIN	I BLVD.		PUR	CHASE OF	DER		
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, m	arked and	labeled, and ar	e in proper	condition for
transportation according 160928561	ole regulations of the D	epartment of Tra	ansportation ar	d the EPA	. Keep gold co	opy for you	ir records.
Signature Francis File	M. C. W. MyPrint P	Name LHA	s /// <c< td=""><td>105K</td><td>Phor</td><td>те<i>? 27 С</i></td><td>39/</td></c<>	105K	Phor	те <i>? 27 С</i>	39/
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COMPANY					DE		
ADDRESS			JOB				1
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This is to certify acceptance of the above	•		-				
Signature	Print N	Name			Date	Received .	G
TREATMENT/DISPOSAL FACILITY	Level all		A IDENTIFICA				
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This is to certify completion of treatment		•					v copy for
your records. Forward white copy to	-				•		
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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COMPANY NAME 1420 WISCONS	AE CHEL CHAM		STAT	ΓΕ I.D. NO.	
ADDRESS	SIN BLVD.		PUR	CHASE OR	DER
CITYDAYTON	STATE	OHIO	45401 z	IP	PHONE
This is to certify that the above named more transportation according to the application	ple regulations of the De	epartment of Tra	insportation ar	nd the EPA.	Keep gold copy for your records.
Signature	Print N	ا Name مراجع الم	3///	10316	Phone 2+ / 3 //
TRANSPORTER					
COMPANY		·	STAT	TE I.D. COL	DE
ADDRESS			JOB ~-	I.D. NO	RUONE
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Signature	Print N				•
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This is to certify completion of treatment	storage reclamation	or disposal in co	mpliance with	annronriate	regulations Keen canary conv for
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print N	lame	· · · · ·	·	Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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MON HAZ.		20418	ال م درا		Boxes - wood
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□ RECLAMATION □ IN	CINERATION	& LANI	DFILL	HTO	ER (Specify)
ADDITIONAL		•			
INFORMATION:				<u> </u>	
					
		ERTIFICATIO		·	011001002867
GENERATOR DELCO MORAIN					ENO. (1 15 D 06092856)
ADDRESS 1420 WISCONS					DER
CITYDAYTON	STATE			ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	4540 (d. packaged, i	marked and	labeled, and are in proper condition for
transportation according to the application	le regulations of the D	epartment of Tra	insportation a	and the EPA	. Keep gold copy for your records.
Signature Mas Miller	Rey Print N	Name - 1113	1/1/6	105 ME	Phone 7636/
TRANSPORTER		,			
COMPANY	<i></i>				DE
ADDRESS AME			JOE	3 I.D. NO	
CITY					PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. App	opriate placards were offered.
Signature	Print N	Name	 		Date Received
TREATMENT/DISPOSAL FACILITY		, / EP/	A IDENTIFICA	ATION COD	E NO
COMPANY A4TO	N SANDI	<u> </u>	STA	TE I.D. NO.	
ADDRESS			JOE	3 NO	
CITY TON					PHONE
This is to certify completion of treatment your records. Forward white copy to	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				-
Signature				•	
Signature	Print N	vame			Date



EMERGENCY INFORMATION				SCALE INFORMATION		
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UL OAGE OF EMERGENOV NOTIFIC						
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SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE		MATERIAL DESCRIPTION	
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MATERIAL DISPOSITION						
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COMPANY NAME DELCO MORAINE DIV. GMC EPA IDENTIFICATION CODE NO. 2 3 2 3 6 7 2 7 2 7 3 6 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7						
ADDRESS 1420 WISCONSIN BLVD PURCHASE ORDER						
CITY 3 DAYTON STATE OHIO 45401 ZIP PHONE PHONE						
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for OHD 060928561 transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature Finells ///	Print N	Vame	7/11	C/18	1181 Phone 276391	
TRANSPORTER	NSPORTER EPA IDENTIFICATION NO					
					DE	
ADDRESS						
CITY	_				PHONE	
This is to certify acceptance of the above						
Signature Print Name					Date Received	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO.						
l						
CITY / AV TOW					PUONE	
CITY ZIP PHONE This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for						
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature Print Name					Date	



EMERGENCY INFORMATION			SC	ALE INFORMATION
IMMEDIATE RESPONSE INFO	RMATION			
How HAZARDON	/ <			•
JALAN S				T WT
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IN CASE OF EMERGENCY, NO		 		AILER NO. TRACTOR NO.
LANS THE CA				
	SHIPPI	NG INFORM	ATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
You HAZINOUS		toy'ds	Box	LARDBOARD BOXES
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	MATE	RIAL DISPOS	SITION	
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GENERATOR DELCODATES	HIRPED. 12-11-1	FP.	A IDENTIFICATION CO	DE NO (ND 06092 156 1
I COMPANY NAME			STATE I.D. NO	0
ADDRESS1420 WISCON	ISIN BLVD.		PURCHASE C	ORDER
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This is to certify that the apove named transportation according to the applical	aterials are properly cla ple regulations of the D	ssified, describe epartment ₋ of Tra	d, packaged, marked an ansportation and the EF	d labeled, and are in proper condition for A. Keep gold copy for your records.
Signature // //	Print N	Name 4/1/4-5	McClosx	ry Phone 27-6391
TRANSPORTER	T)
COMPANY				ODE
ADDRESS				DI IONE
This is to certify acceptance of the above				
Signature			. , ,	• • •
•	FIIIU I			
TREATMENT/DISPOSAL FACILITY COMPANY	LANT	/		DDE NO
ADDRESS				J
CITY AYTONI	STATE	HiO		PHONE
This is to certify completion of treatmen		•		•
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon receip	ot of signed copy of this manifest.
Signature	Print N	Name		Date
				



EMERGENCY INFORMATION				SCA	LE INFORMATION
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	SHIPPI	ING INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
NON HAZ	-	Payds	36 x	(AndBured Pares
					Wood & Bands
		147 63			-
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□ RECLAMATION □ I	NCINERATION	A LAN	DFILL	□OTH	ER (Specify)
ADDITIONAL INFORMATION:		<u>-</u>	<u>.</u>		
		ERTIFICATION	NAI		
					ENO 4 D 060978561
GENERATOR DATE S COMPANY NAME DELCO MORAIN					
ADDRESS — 1420 WISCONS					IDER
I CITY	STATE		:	7IP	PHONE .
This is to certify that the above named n	naterials are properly cla	Stilled, describe	d 45403 ed,	marked and	labeled, and are in proper condition for
transportation according to the seates					
Signature /	Markey Print !	Name Lite	15 11	Clis	1 TyPhone 2276391
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	
COMPANY					DE
ADDRESS 371E					
CITY					PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	ecords. App	ropriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	/ /	· / EP	A IDENTIFICA	ATION COD	E NO
COMPANY DUTIT	TON/HOCE		STA	TE I.D. NO.	
ADDRESS	7				
, ,	***	·			PHONE
This is to certify completion of treatmer	_	•			- ·
your records. Forward white copy to					
Signature	Print f	Name			Date



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NON HAZARDOUS						· 1	
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IN CASE OF EMERGENCY, NO	TIFY: W. Ja	wood		TRA	ILER NO.	TRACTOR NO.	
	SHIPPI	NG INFORM	IATION		·		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATER	IAL DESCRIPTION	
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	MATE	RIAL DISPOS	SITION		L		
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ADDITIONAL INFORMATION:							
		ERTIFICATIO			2.11	14 0015-11	
GENERATOR DELCO M放射相等 COMPANY NAME <u>1420 WISCONS</u>	斯 科的 GMC /2-7						
ADDRESS							
CITY	STATE						
This is to certify that DHD 06092856 transportation according to the applical Signature	ole regulations of the De		ansportation	and the EPA	. Keep gold		
TRANSPORTER	e	EP.	A IDENTIFIC	ATION NO			
ADDRESS							
CITY This is to certify acceptance of the about	SIAIE	nt Keep pink co	py for your r	ecords Ann	PH ropriate placa	one ards were offered.	
Signature							
TREATMENT/DISPOSAL FACILITY COMPANY		EP	A IDENTIFIC	ATION COD	E NO		
ADDRESS		011.6	JOI	B NO	 		
CITY	_	•				ONE	
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed co		
Signature	Print N	lame			Dat	e	



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				NET '	WT
IN CASE OF EMERGENCY, NO	TIFY			TRAI	LER NO. TRACTOR NO.
Chas mª C	LosKEY				
	SHIPPI	NG INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
NON HAZ		30405	Bi	\checkmark	FLYAS/f.
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ADDITIONAL INFORMATION:			·	·	·
	CI	RTIFICATIO	N.	· ·	<u> </u>
GENERATOR DATE S	HIPPED /2-9	ES FP	A IDENTIFIC	ATION COD	ENOSHU 060 92556 1
COMPANY NAME DELCO MORAINE	DIV. GMC		ST	ATE I.D. NO.	
ADDRESS 1420 WISCONSII	N BLVD.				
CITYDAYTON	STATE	QIHC	4540 k	ZIP	PHONE
This is to certify that the above named m OHD 060928561 transportation according to the applicate	aterials are properly cla ble regulations of the De	ssified, describe epartment of Tra	d, packåged, ansportation	marked and I and the EPA.	abeled, and are in proper condition for Keep gold copy for your records.
Signature CMS. MECU	Print N	lame 2/4/4 -	5 / . 11	71 610	S/C/ Phone
TRANSPORTER AME	/				
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ADDRESS					*
This is to certify acceptance of the above	_				•
Signature	·				
TREATMENT/DISPOSAL FACILITY /	2 GARDEN				
ADDRESS	7		JOI	B NO	PHONE
		•			
This is to certify completion of treatment your records. Forward white copy to	• .				•
Signature	Print N	lame			Date



EMERGENCY INFORMATION				SCA	E INFORMATION
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IN CASE OF EMERGENCY, NO		······································		111771	LEN NO. TRACTOR NO.
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8.	SHIPPI	ING INFORM	ATION		
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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					NELAL BANDS
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION)∜ LANI	DFILL	ОТН	ER (Specify)
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	CI	ERTIFICATIO	N		,
GENERATOR DATE S		9-85 EP	A IDENTIFICA		ENO. CHO. 060928561
CONFAINT NAIVIE					
ADDRESS1420 WISCON					DER
					PHONE
This is to certify that the above named m OHD 0609285 transportation according to the applica	naterials are properly cla	issified, describe	d, packaged, i	marked and I	labeled, and are in proper condition for
Signature Chan MC	USKE Print	Name C. M	1 Clo	SKE/	Phone 227-639/
TRANSPORTER	7			,	
COMPANY					DE
ADDRESS					
CITY	STATE		7	ZIP	PHONE
This is to certify acceptance of the about	ve materials for shipme	nt. Keep pink co	py for your re	ecords. Appr	opriate placards were offered.
Signature	Print N	Name		<u></u>	Date Received
TREATMENT/DISPOSAL FACILITY COMPANY	LANDER				E NO
ADDRESS AND ADDRESS					
CITY	STATE		7	ZIP	PHONE
This is to certify completion of treatmen your records. Forward white copy to	-	•			
Signature	· · ·		•		Date
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NON HAZA	DOUS			·		
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6. MICLIASH		<u> </u>				
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
Non HAZ		11/1/	50 X		Charboard	
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		ERTIFICATIO				
GENERATOR DATE S COMPANY NAME DELCO MORAIN					ENO 1 D 06092856/	
ADDRESS1420 WISCONS			31. PH	STATE I.D. NOPURCHASE ORDER		
CITYDAYTON					PHONE	
This is to certify that the above named n		OHIO ssified, describe	45401 d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the அறைந்த	ble regulations of the Do	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
Signature (JANALY Print N	Name Las	TA	c Clus	1-1 Phone - 7/39/	
TRANSPORTER						
COMPANY	<i>V</i>				DE	
ADDRESS 34 ME						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appi	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL-FACILITY		. P EP	A IDENTIFIC	ATION COD	E NO	
COMPANY DAYT	on the Holy		ST.	ATE I.D. NO.		
ADDRESS	<i>f</i>		JO	B NO		
CITY	STATE			_	PHONE	
This is to certify completion of treatmer						
your records. Forward white copy to			_			
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EMERGENCY INFORMATION				SCALE INFORMATION		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	∯ LANI	DFILL	□OTH	ER (Specify)	
ADDITIONAL INFORMATION:			· 			
		EDTIFICATIO				
		ERTIFICATIO			200 01	
					ENO. 10 010728571	
COMPANY NAME DELCO MORAINE	DIV. GMC		51. PH	RCHASE OR	DEB	
CITY	N BLVD. STATE			ZIP	PHONE	
ADDRESS1420 WISCONSII CITYDAYTON This is to certify that the above named m	naterials are properly cla	Sineu, describe	4,540kaged,	marked and	labeled, and are in proper condition for	
transportation according cothe applical	ble regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.	
Signature - thinks ///	Who floy Print !	Name CHA	Me	Closn	Phone = 2.27/39/	
TRANSPORTER		-	•			
COMPANY					DE	
ADDRESS						
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the above						
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL-FACILITY	/ /	./ EP/	A IDENTIFIC	ATION COD	E NO	
COMPANY COMPANY	M FAIL	4//				
ADDRESS		d. /	JO	B NO		
CITY	STATE (/	1110		ZIP	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to						
Signature	Print N	Name			Date	
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EMERGENCY INFORMATION				SCALE INFORMATION		
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7/11/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	<i>V</i>			NET	WT	
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LIIST Me	Clospey					
	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
Mon Haz		30/ds	Box		FlyssH	
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	MATE	 RIAL DISPOS	SITION			
□ RECLAMATION □ I	NCINERATION		DFILL	HTO \square	ER (Specify)	
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INFORMATION:		····		<u> </u>		
	CI	ERTIFICATIO	N			
GENERATOR DATE S				ATION COD	DE NO SHD Q 66 938 561	
COMPANY NAME DELCO MORAIN	F DIV CMC		STA	ATE I.D. NO.		
ADDRESS1420 WISCONS			PUI	JRCHASE ORDER		
CITY	OTATE			710	DUONE	
This is to certify that the above named n	naterials are properly cla	ssilled, describe	d4544Ωalged,	marked and	labeled, and are in proper condition for	
transportation according to the applica		1				
Signature - The Colo	Print N	Name C//AS	<u> </u>	C 6/6	MF/ Phone 277639/	
TRANSPORTER		E PA	A IDENTIFIC	ATION NO.		
COMPANY			STA	ATE I.D. CO	DE	
ADDRESSH 1/2						
CITY	STATE		;	ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Reep pink co	py for your r	ecords. Appi	ropriate placards were offered.	
Signature	Print N	lame			Date Received	
TREATMENT/DISPOSAL FACILITY	/ / / 57	/			E NO	
COMPANY	A AMEILL		STA	ATE I.D. NO.		
ADDRESS		<u> </u>	JOE	3 NO		
CITY / / / /					PHONE	
This is to certify completion of treatmen your records. Forward white copy to						
Signature	Print N	lame			Date	
						



EMERGENCY INFORMATION				SCA	LE INFORMATION	
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MON HAZATEI	2005		· 	i		
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IN CASE OF EMERGENCY, NO	TIFY:		·	TRA	ILER NO. TRACTOR NO.	
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CHAS / MICL	FOSKEY	NO WEODI	1471011			
	SHIPPI	ING INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
NON HAZ		15465	301		4 BANDSONAS	
					4 Braids	
	·					
	MATE	I RIAL DISPOS	SITION		 	
□ RECLAMATION □ II	NCINERATION		DFILL		ED (Cassiful)	
	VOINERATION	ALAN	Drill	0011	ER (Specify)	
ADDITIONAL INFORMATION:					·	
	CI	ERTIFICATIO)N			
GENERATOR DATE S				ATION COD	ENO. CH DOGO 92556/	
COMPANY NAME DELCO MORAIN	F DIV CMC		ST/	ATE I.D. NO.		
ADDRESS 1420 WISCONS	IN DIVID	~~~	PUI	RCHASE ORDER		
CITYDAYTOM	STATE			JRCHASE ORDER PHONE I marked and labeled, and are in proper condition for		
,					and the property of the proper	
transportation according to \$492854						
Signature	Print N	Vame - 1/13.	7. Inc	Closus	Phone 27/39/	
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS AME						
CITY	,				PHONE	
This is to certify acceptance of the above	•			- •	•	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	. /	77			E NO	
COMPANY	1 4410111	~				
ADDRESS		£.				
CITY	STATE				PHONE	
This is to certify completion of treatment your records. Forward white copy to						
	•			•	•	
Signature	Print N	Name			Date	



EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION						
						
MON HAZAT	SDOUS				•	
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IN CASE OF EMERGENCY, NO	TIFY:			TRAI	LER NO. TRACTOR NO.	
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61145 / 11/66	loskey	<u> </u>			<u> </u>	
	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
Now HAZ		30 Yds	Box	<u> </u>	FLYASH	
<u> </u>			·			
				· · · · ·		
	I NATE	DIAL DICEO	NTION			
	MAIE	RIAL DISPOS	SITION			
□ RECLAMATION □ I	NCINERATION	LAN	DFILL	OTH	ER (Specify)	
ADDITIONAL		•				
INFORMATION:						
	, CI	ERTIFICATIO				
GENERATOR COMPANY NAME DELCO MORAIN	SHIPPED 12 /14/ E DIV. GMC	EP	A IDENTIFICA	ATION COD	ENO? HD 015948561	
ADDRESS1420 WISCONS!	N BLVD		PUF	JRCHASE ORDER		
This is to certify that the above named n	naterials are properly cla	ssified, describe	4540 I d, packaged, r	narked and I	abeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation a	nd the EPA.	Keep gold copy for your records.	
Signature The Cas	(Closkey Print)	Name- 2117	les 11	callas	KE/Phone-376331	
TRANSPORTER	7					
COMPANY	<i>V</i>		CTA	TE ID 000	\ r	
ADDRESS ANE			JOB	I.D. NO		
CITY					PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered:	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	, , , , , , , , , , , , , , , , , , ,				E NO	
COMPANY // TOIL	LANGEILL		STA	TE I.D. NO.		
ADDRESS		7	JOB	NO	PHONE	
This is to certify completion of treatmer your records. Forward white copy to	-	•			•	
Signature		-		•	•	
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EMERGENCY INFORMATION				SCAI	LE INFORMATION
IMMEDIATE RESPONSE INFO	RMATION				
Mon HAZAGI	ر کرد بر ک				
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IN CASE OF EMERGENCY, NO)TIFY:	······································		TRAI	LER NO. TRACTOR NO.
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CHAS MECH	OSHEL				
	SHIPPI	NG INFORM	IATION		
D.O.T. SHIRPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
Non HAZ		olds.	So x		FLYASH
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Signature				=	
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Delco Moraine DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4779

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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for							
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.		
Signature Print Name					Date		
							



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